

1
2 IN THE UNITED STATES DISTRICT COURT
3 FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION

4 OPAL WORDS,

Case No.: 14-464-CV-W-ODS

5 Plaintiff,

6 vs.

7 SHARON LEE, ET AL.,

8 Defendants

9 PLAINTIFF'S SECOND AMMENDMENT COMPLAINT

10 On May 28th, 2014, the Court requested a second amended complaint to state the citizenship of
11 each defendant, the amount of damages Plaintiff seeks, and Amended complaint which states specific conduct
12 committed by each defendant. The citizenship of defendants, amount of damages that the Plaintiff seeks, and the
13 complaints of conduct committed by defendants are attached here-to:

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21 Opal Words
22 Opal Words, Prose

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25 Deborah J. Wallace
26 Notary Public
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DEBORAH J. WALLACE
Notary Public-Notary Seal
STATE OF MISSOURI
Jackson County
My Commission Expires Apr. 9, 2015
Commission # 11539251

ST. JOHN'S HOSPITAL

St. John's address is 3500 s. 4th st. Leavenworth, Kansas 66048 which is in Leavenworth County Kansas.

The hospital knowingly released me from their care while I had a 1.62 blood clot, chest pains, and diagnosis of overdose. They also failed to Chart, Record, and Report an injury to my right arm and tried to cover up the blood clot.

Documents attached here-to.

Due to her negligence, I have endured past and future pain and suffering, mental anguish, and a violation of my Civil Rights.

I, Opal Words, am requesting that the court grant me \$500,000 due to her negligence.

Discharge Instructions

Decrease marinol to 1 pill three times daily.

SAINT JOHN HOSPITAL

EMERGENCY DEPARTMENT GENERAL DISCHARGE INSTRUCTIONS

Thank you for choosing Saint John Emergency Department (ED) today and trusting us with your care. It is our expectation that our staff will provide excellent patient care in a friendly and timely manner. If you have any concerns about your experience and need immediate assistance you may call back at (913) 680-6100.

If you wish to speak to a member of the Department Management team during business hours (7a-5p) you can contact the Department Director at (913) 680-6140, or you may contact the Clinical Supervisor at (913) 680-6008. After hours, please leave a message and we will return your call at our earliest convenience.

YOUR FOLLOW UP INSTRUCTIONS ARE AS FOLLOWS:

- *Do you have a private doctor?* If you do not have a private doctor, please ask for a resource list of physicians or clinics that may be able to assist you with follow up care.
- The Emergency Physician has interpreted your x-rays. The X-ray specialist will also review them. If there is a change in the findings you will be notified in 48 hours when at all possible.
- A lab test or lab culture has been done, your results will be reviewed and you will be notified if you need a change in treatment.
- If you were given a prescription for medications it is important to get the medicine and take it as prescribed. If you have concerns about filling this medication please discuss this with your nurse.
- Antibiotic prescriptions should be filled immediately and taken as prescribed until completely gone. Physicians will not prescribe antibiotics for suspected viral infections as they do not respond to antibiotics.

ADDITIONAL INSTRUCTIONS AND INFORMATION

- Your care today has been supervised by a physician who is specially trained in emergency care. Many problems require more than one evaluation for a complete diagnosis and treatment. We recommend that you schedule your follow up appointment as recommended to ensure complete treatment of your illness or injury. If you are unable to obtain follow up care and continue to have a problem, or if your condition worsens we recommend that you return to the ED.
- The providers in this Emergency Department utilize the KTrax Drug Monitoring Program to review the prescription drug usage of our patients with the goal of enhancing safe care. This website provides a history of controlled drug usage for each individual patient in the state of Kansas. Any controlled substance that is filled from a prescription written at your visit today will be reported to the state monitoring program. Please ask your provider if you have any questions. This is not a voluntary program.
- We take your concerns about pain control seriously and we value your safety. If you were provided narcotics for pain control, you will need a friend or relative drive you home. We will not provide narcotics without a driver present.
- We are not able to safely determine your condition over the phone nor are we able to give sound medical advice over the phone. For these safety reasons, if you call for medical advice we will ask you to

come to the ED for further evaluation.

- If you have any questions regarding these discharge instructions please call the ED at (913) 680-6100.

SAFETY INFORMATION

- In the interest of safety, wellness, and injury prevention; we encourage you to wear your seatbelt, if you smoke; quit smoking, and we encourage your family to use protective helmet for bicycling and other sporting events that present an increased risk for head injury.

IF YOUR SYMPTOMS WORSEN, NEW SYMPTOMS DEVELOP OR YOU HAVE CONCERNS ABOUT YOUR CONDITION; OR IF YOUR CONDITION WORSENS WHILE YOU ARE WAITING FOR YOUR FOLLOW UP APPOINTMENT; EITHER CONTACT YOUR PRIMARY CARE DOCTOR (THE PHYSICIAN WHOSE NAME AND NUMBER YOU WERE GIVEN) OR RETURN TO THE ED IMMEDIATELY.



Saint John
Hospital

PC AutoPlay DICOM viewer
Exit viewer before removing disk

Name: WORDS OPAL R ID: L00005638
Exam Date: 11/08/2012
Exam: XR CHEST 2 VIEWS

Created By: 8011055
On 11/11/2012
CD ID = 8051111821



PACS
eFilm Lite

Name: WORDS OPAL R ID: L00005638
Exam Date: 11/09/2012
Exam: CT ANGIOGRAPHY CHEST

St John Hospital
3500 South 4th Street
Leavenworth KS 66048
913.680.6297
www.providence-health.org

SAINT JOHN HOSPITAL
3500 SOUTH FOURTH STREET TRAFFICWAY
LEAVENWORTH, KS 66048-5172
Diagnostic Imaging

WORDS, OPAL R
MRN: L00005638
DOB: 3/27/1958, Sex: F
Adm: 11/9/2012, D/C: 11/9/2012

Encounter-Level Encounter Level Scans - 11/09/2012: (continued)

L00005638 Outpatient 139608638
Words, Opal R
3/27/58 (54 yrs) Female ADM: 11/9/12
Sharon D Lee, MD



Pre-Procedure Record

Patient Name: _____

Visit No. _____

Examination <input type="checkbox"/> Diagnostic <input type="checkbox"/> Vascular Lab <input type="checkbox"/> CT <input type="checkbox"/> Ultrasound <input type="checkbox"/> MRI <input type="checkbox"/> Nuc Med ER _____ Inpatient RM # _____ Procedure/Study/Site: <u>Chest</u> (To be completed by nurse/tech - Please Print) Patient/Parent/Legal Guardian Signature verifies procedure, site/site and allergy information _____ Date _____	
Reason for Exam: <u>fun + D-Dimer</u>	
Yes No <input type="checkbox"/> Previous x-ray exams with contrast <input type="checkbox"/> Allergic reaction to contrast. If yes, describe reaction: <input type="checkbox"/> Allergies (type of reaction): <u>EAB</u>	Yes No <u>Other Factors</u> Ht. _____ Wt. _____ <input type="checkbox"/> Possibility of pregnancy Date of last menstrual period _____ <input type="checkbox"/> History of diabetes mellitus: Current treatment: _____ Diet _____ Insulin _____ Oral Agent _____ <input type="checkbox"/> History of liver disease <input type="checkbox"/> History of sickle cell disease <input type="checkbox"/> History of multiple myeloma
Yes No <input type="checkbox"/> See computer printed case notes Important Factors - Check if applicable <input type="checkbox"/> History of asthma/COPD <input type="checkbox"/> History of heart disease, describe _____ <input type="checkbox"/> Hypertension <input type="checkbox"/> Pacemaker <input type="checkbox"/> History of kidney disease <input type="checkbox"/> History of dialysis _____ Hemodialysis _____ Peritoneal dialysis <input type="checkbox"/> Most recent BUN _____ Creat _____ GFR _____ <input type="checkbox"/> Anticoagulants Date do'd _____ <input type="checkbox"/> Smoker (How long _____) Quit (How long _____) <input type="checkbox"/> Any therapy with nephrotoxic medications including chemotherapy or amphotericin, gentamicin <input type="checkbox"/> History of seizure disorders, brain tumor or stroke <input type="checkbox"/> NPO Status _____ N/A	<input type="checkbox"/> See medication reconciliation form <u>EAB</u> <u>Other Pertinent Medical/Surgical History</u> <u>D to chest</u> T _____ P _____ R _____ B/P _____ Nurse/Tech Signature <u>[Signature]</u> Date <u>11-9-12</u> Time <u>10:30a</u>
Contrast Data Premedication for Contrast Allergy Status: <input type="checkbox"/> Existing <input type="checkbox"/> Starting in Department Type: <input checked="" type="checkbox"/> BZ <input type="checkbox"/> Zeltzer <input type="checkbox"/> Butterfly Gauge: <input type="checkbox"/> J18 <input type="checkbox"/> J19 <input checked="" type="checkbox"/> J21 <input type="checkbox"/> J22 <input type="checkbox"/> J23 <input type="checkbox"/> J25 Side: <input checked="" type="checkbox"/> Right <input type="checkbox"/> Left Site: <input checked="" type="checkbox"/> Antecubital <input type="checkbox"/> Forearm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Upper arm <input type="checkbox"/> Other IV Started by: <u>[Signature]</u> Injection done by: <u>[Signature]</u> Physiolan <u>[Signature]</u> IV Contrast: Type <u>[Signature]</u> Volume <u>7.5cc</u> Injection Time <u>11:15a</u> Oral Contrast: Type _____ Volume _____ Complications: <input type="checkbox"/> Infiltration <input type="checkbox"/> Reaction Describe _____	
PRE-PROCEDURE CHECKLIST All areas must be completed prior to procedure NURSE _____ Order reviewed _____ H&P, labs available _____ Consent reviewed, signed _____ Patient identification verified _____ Procedure, site/site verified Nurse signs _____ Date _____ Time _____	
Completed in Procedure Room PHYSICIAN _____ Order and labs reviewed _____ H&P reviewed, signed _____ Consent reviewed, signed _____ Patient identification verified _____ Procedure, site/site verified and marked Physician signs _____ Date _____ Time _____	
(NA if Not Applicable) TECHNOLOGIST _____ Order reviewed and labs available _____ All films, reports verified _____ Consent received and signed _____ Patient identification verified _____ Procedure, site/site verified _____ Verified procedure specific equipment/supplies are available and operational Tech signs _____ Date _____ Time _____	

ASRAD

RA2020SJ / 1211

page 1 of 1

END OF REPORT

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VIOLA RIGGINS

Viola Riggins is the Head of Health-Care Services and is located at Landon State Office, Building 900, Jackson, 4th floor, Topeka, Kansas 66612 which is in Shawnee County, Kansas.

Viola neglected to oversee the actions of the employees in her division after previously making a similar misstep in oversight.

Documents attached here-to.

Due to her negligence, I have endured past and future pain and suffering, mental anguish, and a violation of my Civil Rights.

I, Opal Words, am requesting that the court grant me \$500,000 due to her negligence.



Bradd Silver, MD
Lisa R. Hays, MD
Ce Ce Laws, PA-C, MPAS
Melissa Magwire, RN, CDE

November 19, 2008

RE: Demond Woods
DOB 08/11/1951

To Whom It May Concern:

I have been asked to review
medications he needs.
He uses Lantus and
28 units of Lantus i
Occasionally, these
taking the insulin.
He has been on both
numerous hypoglyc

Mr. Woods must also
symptomatic with a

If you have any ques
office at (913) 676-7

Sincerely,


CeCe Laws, PA-C

Viola
Rigax
SONS RECORDS

indicating what
day, November 18th.
Specifically, he takes
g insulin at mealtime.
d sugar is prior to
ly essential for him.
past which resulted in

bedtime. If he feels
at time as well.

e to contact our

6-22-11

From:

Opal Words

PO Box 270714

Kansas City, Missouri
64127

To: WARDEN

LANSING CORRECTIONAL FACILITY

POST OFFICE BOX #2

LANSING, KANSAS. 66043

Dear Warden,

My son, Demand A. Words is incarcerated and is in the Lansing Correctional Facility in Lansing, Kansas. He is a diabetic and has to use insulin ordered by his doctor. However, the wrong insulin is being given which caused a diabetic reaction. (29 is extremely low).

Due to this my son Demand Words has been beaten by the guards in late May, early June. There are several people who bare witness of the absurd tragedy.

I respectfully request a meeting with you and a copy of the tape that holds this unnecessary beating within the next 14 days. Phone # 816-423-0279.

Sincerely: Opal R. Words





U.S. Department of Justice

Civil Rights Division

Disability Rights Section - NYA
950 Pennsylvania Avenue N.W.
Washington, DC 20530

204-29-0

NOV 08 2011

Dr. Jesse Milan
on behalf of Mr. Demond A. Words, #93067
P.O. Box 206
Bonner Springs, KS 66012

Re: Lansing Correctional Facility

Dear Dr. Milan:

This letter is in response to the complaint that you filed with this office alleging a possible violation of the Americans with Disabilities Act (ADA). The Disability Rights Section reviews individual complaints filed by persons under Title II of the ADA.

After carefully reviewing the information that you provided, we have decided not to take any further action on your complaint. Unfortunately, due to the thousands of Title II complaints that we receive each year, we do not have the resources to resolve all of them. We have made no determination regarding the merits of your complaint or whether it could be redressed under the ADA or another statute. Moreover, our decision does not affect your right to pursue your complaint in another manner. You may wish to contact an attorney or legal service to determine what remedies may be available.

We have enclosed a list of agencies and groups in your state that may be of some assistance to you. If you have access to the internet, the text of the ADA, the Department's regulations, and many technical assistance publications are provided on our ADA Home Page at <http://www.ada.gov>. If you have specific questions about Title II of the ADA or want copies of technical assistance publications sent to you, you may call the ADA Information Line at 800-514-0301 (voice) or 800-514-0383 (TTY).

We regret that we are unable to assist you.

Sincerely,

Dov Lutzker
Acting Deputy Chief
Disability Rights Section
Civil Rights Division

Enclosures

377307

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5 ACTIVIS/WATSON PHARMACEUTICAL

6 This company is located at 400 Interpace Pkwy, Parsippany, New Jersey 07054. This is in Morris
7 County, New Jersey.

8 This company failed to enter a recommendation to prevent overdoses. (By weight as opposed to
9 age because even a child can weigh 125 lbs.)

10 This company also failed to tell pharmacists about preventing overdoses.

11 Due to their negligence, I have endured past and future pain and suffering, mental anguish, and a
12 violation of my Civil Rights.

13 I, Opal Words, am requesting that the court grant me \$500,000 due to their negligence.
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3 PARR PHARMACEUTICAL

4 This company is located at 300 Tice Blvd. Woodcliff Lake, New Jersey, 07677 which is in Bergen County,
5 New Jersey.

6 This company failed to enter a recommendation to prevent overdoses. (By weight as opposed to
7 age because even a child can weigh 125 lbs.)

8 This company also failed to tell pharmacists about preventing overdoses. \

9 Due to their negligence, I have endured past and future pain and suffering, mental anguish, and a
10 violation of my Civil Rights.

11 I, Opal Words, am requesting that the court grant me \$500,000 due to their negligence.
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3 KANSAS MEDICAID

4 This company is located at 503 E. Kansas Ave, Topeka, Kansas 66603. This is located in Shawnee County,
5 Kansas.

6 This company over-sighted four overdosed prescriptions via bodyweight of the patient and FDA approval
7 concerning the dosage prescribed to me causing the blood clot and overdose.

8 Due to her negligence, I have endured past and future pain and suffering, mental anguish, and a
9 violation of my Civil Rights.

10 I, Opal Words, am requesting that the court grant me \$500,000 due to her negligence.
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1
2 DANIELLE FLANNIGAN pharmD.

3 Danielle is head pharmacist at Walgreens. Store location: 2301 Holmes Rd, Kansas City, Missouri 64108
4 which is in Jackson County.

5 Danielle filled one prescription of Marinol at 3 pills, three times daily consisting of 2.5mg capsules dated at
6 June 2012. She failed to inspect the paperwork given to me which lacked the description of the size, color, and shape
7 of the capsules. The medication was from a different manufacturer which is Activis/Watson.

8 After I questioned her on the pills being round instead of oblong, she wrote on the printed document that
9 lacked the pill description "Parr" was also the manufacturer.

10 Her actions raised questions concerning what the pill was. Because she was the first pharmacist to fill the
11 order, she should have contacted the prescribing doctor in regards to the increase in medication. Her negligence
12 caused me to have an overdose on said medication resulting in my blood clot. Documents attached here-to.

13 Due to her negligence, I have endured past and future pain and suffering, mental anguish,
14 and a violation of my Civil Rights.

15 I, Opal Words, am requesting that the court grant me \$500,000 due to her negligence.
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YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location

2301 Holmes
Kansas City, MO 64108
(816)471-2072

PATIENT	OPAL WORDS	DOCTOR	S. LEE, MD	DRUG DESCRIPTION
BIRTH DATE	03/27/58			
MEDICATION	DRONABINOL 2.5MG CAPSULES	PATIENT ALLERGIES		
QUANTITY	270			
DIRECTIONS	TAKE 3 CAPSULES BY MOUTH THREE TIMES DAILY			

INGREDIENT NAME: DRONABINOL
(droe-NAB-i-nol)

COMMON USES: This medicine is a cannabinoid used to treat nausea and vomiting. It is also used to increase appetite in patients with severe weight loss. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions or allergies.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. SWALLOW WHOLE. Do not break, crush, or chew before swallowing. KEEP THIS MEDICINE in a sealed container in the refrigerator. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT EXCEED THE RECOMMENDED dose or take this medicine for longer than prescribed without checking with your doctor. Exceeding the recommended dose may be habit-forming. THIS MEDICINE MAY CAUSE drowsiness or dizziness. If dizziness occurs, rise slowly when sitting up or standing. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. Ask your doctor or pharmacist if you have questions about which medicines can cause drowsiness or dizziness. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with

your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include drowsiness, dizziness, anxiety, difficulty concentrating, clumsiness, changes in mood, changes in behavior, difficulty with memory, muscle weakness, or nausea. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, fast heart rate, or irregular heartbeat. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include drowsiness, dry mouth, fast heartbeat, mood changes, slurred speech, loss of coordination, and lightheadedness.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

OPAL WORDS

Po Box 27014 Data Townsend**, Kansas City, MO 64127

(816)471-2072

RX # 1004107-10845

DATE: 06/01/12

DRONABINOL 2.5MG CAPSULES

QTY: 270 1 REFILL BEFORE 11/28/12

New NDC: 00591-3591-60

Retail Price: \$1633.49 Your Insurance Saved You: \$1630.49

\$ 3.00

S. LEE, MD
MFG: WATSON
DNF/ESY/ESY/YES

PLAN: KANPA

CLAIM REF# 2512153012743

Walgreens

2301 HOLMES KANSAS CITY, MO 64108
PH: (816)471-2072

Customer
Receipt

OPAL WORDS

Po Box 27014 Data Townsend**, Kansas City, MO 64127

(816)471-2072

RX # 1004107-10845

DATE: 06/01/12

DRONABINOL 2.5MG CAPSULES

QTY: 270 1 REFILL BEFORE 11/28/12

New NDC: 00591-3591-60

Retail Price: \$1633.49 Your Insurance Saved You: \$1630.49

\$ 3.00

S. LEE, MD
MFG: WATSON
DNF/ESY/ESY/YES

PLAN: KANPA

CLAIM REF# 2512153012743

Walgreens

2301 HOLMES KANSAS CITY, MO 64108
PH: (816)471-2072

Duplicate
Receipt

Pharmacy use only

WAITING

WED 11:45AM

New

DRONABINOL 2.5MG CAPSULES

00591-3591-60

REFRIG

QTY 270

Do not flush unused medications or pour down a sink or drain.

WDC# 057016

1
2 VERNITA HAARISTON-MITCHELL, M.D.

3 Vernita is a Neurologist whom is currently located at K.U. Medical Center addressed at 3901
4 Rainbow Blvd, Kansas City, Kansas 66160 which is in Wyandotte County, Kansas.

5 I was also under the care of Dr. Harriston-Mitchell in 2003 while she was a neurologist at Truman
6 Medical Center which is located at 2301 Holmes Rd, Kansas City, Missouri 64108 which is in Jackson County,
7 Missouri. Lastly, I was under her care while she was a neurologist at Research Neurology which is addressed at
8 6400 Prospect, Suite 316, Kansas City, Missouri 64132. This address is also in Jackson County, Kansas.

9 Dr. Harriston-Mitchell failed to prescribe Marinol accordingly to patient's weight. Her lack of
10 communication with my P/C resulted in confusion of medical care. Documents attached here-to.

11 Due to her negligence, I have endured past and future pain and suffering, mental anguish, and a
12 violation of my Civil Rights.

13 I, Opal Words, am requesting that the court grant me \$500,000 due to her negligence.
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NEUROLOGICAL EXAMINATION

General Appearance ☒ Normal ☐ Abnormal _____

Mental Status

Alert & oriented X 3 ☒ Normal ☐ Abnormal _____
 Recent & remote memory ☒ Normal ☐ Abnormal _____
 Attention span & concentration ☒ Normal ☐ Abnormal _____
 Language ☒ Normal ☐ Abnormal _____
 Fund of knowledge ☒ Normal ☐ Abnormal _____

Cranial nerves

1st cranial nerve ☒ Normal ☐ Abnormal _____
 2nd cranial nerve ☒ Normal ☐ Abnormal _____
 3rd, 4th & 6th cranial nerves ☒ Normal ☐ Abnormal _____
 5th cranial nerve ☒ Normal ☐ Abnormal _____
 7th cranial nerve ☒ Normal ☐ Abnormal _____
 8th cranial nerve ☒ Normal ☐ Abnormal _____
 9th cranial nerve ☒ Normal ☐ Abnormal _____
 10th cranial nerve ☒ Normal ☐ Abnormal _____
 11th cranial nerve ☒ Normal ☐ Abnormal _____
 12th cranial nerve ☒ Normal ☐ Abnormal _____

Musculoskeletal

Muscle strength - UE ☒ Normal ☐ Abnormal _____
 LE ☒ Normal ☐ Abnormal _____
 Auscultation - UE ☒ Normal ☐ Abnormal _____
 LE ☒ Normal ☐ Abnormal _____
 Movements ☒ Normal ☐ Abnormal _____
 Sensation ☒ Normal ☐ Abnormal _____
 Reflexes ☒ Normal ☐ Abnormal _____
 Coordination ☒ Normal ☐ Abnormal _____
 Plantars ☒ Normal ☐ Abnormal _____
 Gait ☒ Normal ☐ Abnormal _____

yes

Spine discs ☒ Normal ☐ Abnormal _____
 Hip size ☒ Normal ☐ Abnormal _____

Cardiovascular

Arteries, pulse amplitude ☒ Normal ☐ Abnormal _____
 Murmurs ☒ No ☐ Yes _____
 RR ☒ Normal ☐ Abnormal _____
 Peripheral Pulses ☒ Normal ☐ Abnormal _____

Head and Face

see neurological testing of cranial nerves 5 and 7

Ears, Nose, Mouth & Throat

see neurological testing of cranial nerves 8, 9, & 10

Signature: _____ Date: _____

Attending Physician Signature: W. D. Watson-Melville Date: 2/18/05



Words, Opal R

52 Y old Female. DOB: 03/27/1958
2912 Ralph Bunch Dr Apt 3, Leavenworth, KS-66048

Home: 913-314-3571

Guarantor: Words, Opal R Insurance: MEDICAID OF KANSAS Payer ID: 00034
Appointment Facility: Quindaro Family Health Care

03/23/2011

Progress Notes: Sharon D Lee, MD

Current MedicationsHydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed for pain every 6 hrs
Neurontin 400 MG Capsule 1 capsule Three times a day
Amitriptyline HCl 50 MG Tablet 1 tablet at bedtime Once a day**Reason for Appointment**

1. RSB

Electronically signed by Sharon Lee, MD on 12/03/2012 at 03:24 PM CST

Sign off status: Pending

Quindaro Family Health Care
530 Quindaro Blvd
Kansas City, KS 66101-1458
Tel: 913-722-3100
Fax: 913-722-2542

Patient: Words, Opal R DOB: 03/27/1958 Progress Note: Sharon D Lee, MD 03/23/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

this med is not used to treat RSP.

Consultation

WORDS, OPAL ROBERTA - HH000705437

Result type: Consultation
Result date: 24 January 2011 11:23
Result status: Authenticated
Result title: Neurology Clinic Note
Performed by: Hairston-Mitchell, Vernita D. on 24 January 2011 11:38
Verified by: Hairston-Mitchell, Vernita D. on 24 January 2011 12:33
Truman Medical Centers 2301 Holmes Kansas City, MO 64108:
1102400539, TMC HH, OP Clinic, 01/24/2011 - 01/24/2011

Neurology Clinic Note

Patient: **WORDS, OPAL ROBERTA** MRN: **HH000705437** FIN: **1102400539**
Age: **52 years** Sex: **Female** DOB: **03/27/58**
Associated Diagnoses: **None**
Author: **Hairston-Mitchell, Vernita D.**

Chief Complaint

CHIEF COMPLAINT

01/24/11 09:38

F/U RSD

History of Present Illness

PT is a 52yo AA Female with HX of RSD and right median nerve neuropathy diagnosed on EMG Studies. She presents today for F/U on her RSD and to fill out paperwork for a disability claim. PT states that her pain is "worse" than before. She feels she has less mobility and increased stiffness and cramping on the right side of her body. She says most of the time it is "stabbing" or "burning" in nature, but at times she has "everything associated with neuropathic pain" but she could not elaborate on this statement. She states that the pain is worse in cold weather and by movements of especially her R arm. However, it is sometimes exacerbated when her L side of her body becomes tired as well. She states that "everything that is physical is exhausting". Her only elaboration on this was that she has a hard time ironing or doing the dishes. Later she said she had pain after dressing in the morning. Medications help, but her behavioral therapy for the pain has actually helped more. Currently she ranks her pain as 5/10, but noted that it was "escalating" because we were talking about it. She states that the pain goes up to 20/10 at times. She has a variable pattern to all of her daily activities based on how bad the pain is that day. She sleeps anywhere from 4 to 9 hours a night, but if she misses sleep she normally is able to make up for it later in the day. Appetite and mood are variable as well. She admits that she has "good days" and "bad days", but more recently the bad days seem to be more often than the good.

She saw her PCP and was given a prescription of oxycodone which she used last week.

Records were reviewed which took an extra 20 minutes, ie deposition from Dr Abrams' from 2002. She has a court date this week for disability. An additional 20 minutes were spent filling out disability paperwork while in the office.

Printed by: Thompson, Monique N
Printed on: 01/24/2012 16:02

Page 1 of 5
(Continued)

Consultation

WORDS, OPAL ROBERTA - HH000705437

Result type: Consultation
Result date: 24 January 2011 11:23
Result status: Authenticated
Result title: Neurology Clinic Note
Performed by: Hairston-Mitchell, Vernita D. on 24 January 2011 11:38
Verified by: Hairston-Mitchell, Vernita D. on 24 January 2011 12:33
Truman Medical Centers 2301 Holmes Kansas City, MO 64108:
1102400539, TMC HH, OP Clinic, 01/24/2011 - 01/24/2011

also, she has Kansas medicaid.

Review of Systems

Eye: Glaucoma, No Glaucoma .

Genitourinary: Kidney stones, No kidney stones .

MS: Currently "buring" sentation on the R side of her body.

Health Status

Allergies. Current medications: (Selected).

Prescriptions

Ordered

Anusert HC-1 1% cream with applicator: 1 app, PR, BID, 21 gram

Caltrate 600 with D: 1 tab, PO, TID, 120 tab, 0

amitriptyline 50 mg oral tablet: 50 mg, 1 tab, PO, QHS, 30 tab

gabapentin 800 mg oral tablet: 800 mg, 1 tab, PO, TID, 90 tab

simvastatin 40 mg oral tablet: 40 mg, 1 tab, PO, QHS, 30 tab

On Hold, Med Student

Catapres-TTS-3:

Problem list: .

All Problems

Reflex Sympathetic Dystrophy of the Upper Limb / ICD-9-CM 337.21 / Confirmed / Stable

Hyperlipidemia / ICD-9-CM 272.4 / Confirmed

Histories

Past Medical History: .

All Problems

Reflex Sympathetic Dystrophy of the Upper Limb / ICD-9-CM 337.21 / Confirmed / Stable

Hyperlipidemia / ICD-9-CM 272.4 / Confirmed

Family History. Procedure history.

Physical Examination

Well developed. Well nourished. No apparent distress.

HEENT

Normocephalic and atraumatic.

Printed by: Thompson, Monique N
Printed on: 01/24/2012 16:02

Page 2 of 5
(Continued)

Consultation

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Neck

Supple without carotid bruits.

Heart

Regular rhythm and rate.

Extremities

No cyanosis, clubbing or edema. Peripheral perfusion is normal. Peripheral pulses normal.

Mental Status

Normal

No evidence of apraxia, aphasia, or thought disorder.

Oriented x 4

Fund of knowledge normal.

Cranial Nerves

1st cranial nerve: not tested

2nd cranial nerve: normal; Visual fields are full to confrontation. PERRLA

3rd, 4th & 6th cranial nerves: normal; Extraocular movements are intact without nystagmus.

5th cranial nerve: normal; intact muscles of mastication. Intact light touch and pin prick.

7th cranial nerve: normal

8th cranial nerve: normal

9th & 10th cranial nerves: normal; Gag is present

11th cranial nerve: normal

12th cranial nerve: normal

Motor

Had normal tone and bulk in all four limbs without any evidence of an arm drift. No abnormal movements detected. Strength is 5/5 on BUE and /5 on RLE.

No appreciable hair/nail changes. No changes in color or temperature. No atrophy.

Sensation

Intact to light touch and pin prick largely intact, with decreased pin prick on the R side of body and especially on the first 3 digital on Right side as well as dorsal and palmar aspects of R hand. Romberg sign is absent.

Consultation

WORDS, OPAL ROBERTA - HH000705437

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Reflexes

Diffusely normal with toes downgoing, with the exception 1+ on R brachioradialis.

Coordination

Intact to fine finger movements, rapidly alternating movements, fingers to nose, heel to shin and toe tapping.

Gait

Normal based without ataxia. Good heel, toe and tandem walking.

VS/Measurements

Vital Signs

01/24/11 09:38

Temperature Oral	98.0 DegF
Heart Rate	67 bpm
Resp. Rate	16 BRMIN
Systolic BP	120 mmHg
Diastolic BP	79 mmHg
BP Site	Left Arm

Bariatric Measurements : Bariatric View

01/24/11 09:38

Weight	56.6 kg
Height	160.05 cm
Body Mass Index	22.1 kg/m2

Impression and Plan

1. Complex regional Pain syndrome (Reflex sympathetic dystrophy) burning pain seems to be spreading but no physical stigmata of RSD.
2. Right median neuropathy by electromyelogram.
3. Needle phobia.

PLAN:

1. Increase Neurontin to 800mg TID.
 2. DC use of oxycodone
 2. Return to care in 6 months for follow up
 3. Continue working with behavioral therapy to help in aiding the pain, as this seems to be helping most.
 4. Restart Catapres 0.1 mg weekly. In the past 0.2 mg worked the best without side effects.
- Pt seen with Dr Matthew Brown. PYG-1

Printed by: Thompson, Monique N
Printed on: 01/24/2012 16:02

Page 4 of 5
(Continued)

Consultation

WORDS, OPAL ROBERTA - HH000705437

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Truman Medical Centers 2301 Holmes Kansas City, MO 64108:

1102400539, TMC HH, OP Clinic, 01/24/2011 - 01/24/2011

Completed Action List:

- * Perform by Hairston-Mitchell, Vernita D. on 24 January 2011 11:38
- * Modify by Hairston-Mitchell, Vernita D. on 24 January 2011 11:53
- * Modify by Hairston-Mitchell, Vernita D. on 24 January 2011 12:15
- * Modify by Hairston-Mitchell, Vernita D. on 24 January 2011 12:33
- * Sign by Hairston-Mitchell, Vernita D. on 24 January 2011 12:33
- * VERIFY by Hairston-Mitchell, Vernita D. on 24 January 2011 12:33
- * Review by Inbox, CRC on 03 February 2011 13:41 Proxy Prsnl Stuart, Jamie C Requested by Hairston-Mitchell, Vernita D. on 24 January 2011 12:34

DIRK DUNFEE

I was under the care of Dirk Dunfee, on or about May through September 2012. He is a Nurse Practitioner employed at Family Health-Care which is addressed at 340 SW Boulevard, Kansas City, Kansas 66103 and he is also located at 530 Quindaro, Kansas City, Kansas 66107. Both buildings are located in Wyandotte County, Kansas.

Dirk prescribed me a bottle of Marinol consisting of 2.5mg capsules that were to be taken at three pills, three times daily. This prescription came with one refill dated on July 2012. He then prescribed me another identical bottle with the same instructions with one refill that was dated for September 2012. The dosage he prescribed is three times the legal amount that should be given to a 125 lb. woman according to the FDA.

Due to his negligence in taking blood samples, I overdosed on Marinol, causing the nearly-fatal blood clot dated at November 8th, 2012. He also failed to communicate with my neurologist in regards to what she was using to treat the RSD.

Due to his negligence, I have endured past and future pain and suffering, mental anguish, and a violation of my Civil Rights.

I, Opal Words, am requesting that the court grant me \$500,000 due to his negligence.



Words, Opal R

54 Y old Female, DOB: 03/27/1958
2912 Ralph Bunch Dr Apt 3, Leavenworth, KS-66048
Home: 913-314-3571Guarantor: Words, Opal R Insurance: MEDICAID OF KANSAS Payer ID: 00034
PCP: Sharon D Lee
Appointment Facility: SW Blvd Family Health Care

05/22/2012

Progress Notes: Dirk Dunfee, RN NP

Current MedicationsAmitriptyline HCl 50 MG Tablet 1 tablet at bedtime Once a day
Catapres-TTS-1 0.1 MG/24HR Patch Weekly 1 patch
Simvastatin 10 MG Tablet 1 tablet every evening Once a day
Neurontin 400 MG Capsule 1 capsule Three times a day
Marinol 2.5 MG 3 capsules 3 capsules before meals Every 6-8 hours as needed,
stop date 06/16/2012**Past Medical History**RSD
HLD**Reason for Appointment**

1. Sympt-Pain

Electronically signed by Dirk Dunfee, ARNP on 12/03/2012 at 03:24 PM CST

Sign off status: Pending

SW Blvd Family Health Care
340 SW Blvd
Kansas City, KS 661032150
Tel: 913-722-3100
Fax: 913-722-2648

Patient: Words, Opal R DOB: 03/27/1958 Progress Note: Dirk Dunfee, RN NP 05/22/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

**Progress Notes**Patient: Words, Opal R
DOB: 03/27/1958 Age: 54 Y Sex: Female
PCP: Sharon D LeeProvider: Dirk Dunfee, RN NP
Date: 04/17/2012**Reason for Appointment**

1. HTN/RSD Follow up
2. NS

History of Present Illness(f/u) The pt is here for follow-up of:

64 year old female presents with c/o Hypertension No new problems, pt reports condition is stable, no medication issues. c/o Neuro RSD - pt is here because her neurologist is out of the office, was told to come here. Reports R arm is discolored (lighter) for about 1 week, reports the pain is worse - more high pain days than low, pt is requesting a letter from Dr. Lee explaining that her marinol and marijuana use is treatment for her RSD; previous letter to landlady is on file.

Current MedicationsHydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed for pain every 6 hrs, stop date 01/16/2011
Amitriptyline HCl 50 MG Tablet 1 tablet at bedtime Once a day
Catapres-TTS-1 0.1 MG/24HR Patch Weekly 1 patch
Simvastatin 10 MG Tablet 1 tablet every evening Once a day
Neurontin 400 MG Capsule 1 capsule Three times a day
Marinol 5 MG Capsule 1 cap before meals Every 6-8 hours as needed, stop date 04/27/2012
Medication List reviewed and reconciled with the patient**Past Medical History**RSD
HLD**Allergies**

N.K.D.A.

Review of Systems**FHC Cardio:**

no Irregular heartbeat. no Chest pain. no Fainting. no Swelling of feet.

FHC Derm:

no Rash. no Bruising. no Jaundice. no Lump or lesion.

FHC ENT:

no Hearing change. no Ear pain. no Sore throat. no Mouth pain.

FHC GI:

no Painful swallowing. no Constipation. no Diarrhea. no Nausea. no Vomiting. no Abdominal pain.

FHC GU:

no Change in Urination. no Discharge. Menstrual Irregularity N/A or no. no Ulcer/sore/rash.

FHC Musculoskeletal:

Muscle ache YES. Joint Pain YES. no Joint swelling. no Stiff neck.

FHC Neuro:

no Dizzy/ Lightheaded. no Tingling. no Weakness. no Tremor. no Headache.

Patient: Words, Opal R
DOB: 03/27/1958Provider: Dirk Dunfee, RN NP
Date: 04/17/2012

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

FHC Psych:

no Depression. no Insomnia. no Memory change.

FHC Pulm:

no Shortness of breath. no Cough. no Wheezing.

FHC Ophthal:

no Change in vision. no Eye pain. no Yellowing of eyes. no Redness of eyes.

FHC Constitutional:

no Fever. Chills YES. Sweats YES. Fatigue YES. Decreased appetite YES. no Increased thirst.

FHC Treatment:

How many doses of medication have you missed this past month? NA, or Never missed. Pt medication issues/questions None.

Vital Signs

Wt 131, Ht 63, BP 100/70, Pulse sitting 80, RR 16, Temp 98.0, LMP: 03/2012, BMI 23.20.

Physical Examination**FHC MENTAL STATUS:**

Affect/Attitude/Behavior/Mood alert and oriented, no apparent abnormality. Eye Contact: normal. Grooming/Appearance appropriate. Thought Process normal, Content normal, Age-appropriate.

FHC HEENT:

HEAD normocephalic, atraumatic.

FHC OPHTH:

Conjunctiva: clear. Extraocular Movements: intact. Pupils: pupils are equally round and reactive. Sclera: clear.

FHC NECK:

Cervical lymph nodes: no lymphadenopathy. Range of Motion: normal. Thyroid: unremarkable.

FHC PULM:

Effort: normal respiratory effort. Breath sounds: clear to auscultation.

FHC CARDIO:

Heart Sounds: normal S1 and S2, no murmur. Rate: regular. Rhythm: regular.

FHC EXTR:

EDEMA: no.

FHC MUSCULOSKELETAL:

Muscle Strength normal. Posture: upright. ROM: FROM.

FHC NEURO:

Normal alert and oriented X 3. Movement: No abnormal movements. Gait normal.

FHC DERM:

Color: R arm may be somewhat lighter in color than L, if so very subtly.

Assessments

1. Reflex sympathetic dystrophy of the upper limb - 337.21 (Primary)
2. Unspecified essential hypertension - 401.9

Agree- evaluation completed with scribe L. Blasi, MS3.

Treatment

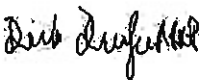
1. Reflex sympathetic dystrophy of the upper limb

Refill Marinol 3 capsules, 2.5 MG, 3 capsules before meals, Orally, Every 6-8 hours as needed, 30 days, 270, Refills 1

Jennifer to call patient about resources to relocate. OK to increase marinol to 7.5 mg tid, patient will call when needs this. Drafted updated copy of marijuana letter, based on Dr. Lee's earlier letter.

Follow Up

pm



Electronically signed by Dirk Dunfee, ARNP on 04/19/2012 at 07:00 AM CDT

Electronically co-signed by Sharon Lee on 05/23/2012 at 11:21 PM CDT

Sign off status: Completed

Patient: Words, Opal R
DOB: 03/27/1958Provider: Dirk Dunfee, RN NP
Date: 04/17/2012

Note generated by eClinicalWorks EHR/PM Software (www.eClinicalWorks.com)



Words, Opal R
 54 Y old Female, DOB: 03/27/1958
 PO 270714, Kansas City, MO, US 64127
 Home: 816-423-0279
 Provider: Lee, Sharon D

Telephone Encounter

Answered by	McQuitty, Rachel	Date: 05/30/2012
		Time: 10:16 AM
Caller	Pt	
Reason	Rx needs filled	
Message	Marinol 2.5 MG 3 capsules	
Action Taken	Terry, Kathleen , RN 05/30/2012 10:29:33 AM > Rx placed in ecw and phoned into above pharmacy. thanks.	

Patient: Words, Opal R DOB: 03/27/1958 Provider: Lee, Sharon D 05/30/2012

Note generated by eClinicalWorks EHR/PM Software (www.eClinicalWorks.com)



**SOUTHWEST BOULEVARD FAMILY HEALTH CARE
SERVICES OF GREATER KANSAS CITY, INC.**

April 17, 2012

To Whom It May Concern:

Opal Words (DOB 3/27/58) is a patient here. She has chronic pain, diagnosed by neurologists as reflex sympathetic dystrophy of her right arm, and right median nerve neuropathy. Due to these diagnoses, Ms. Words has reportedly been prescribed medical marijuana in a state where its use for medicinal purposes is legal. The medication provides her significant relief and she is trying to return to a state which recognizes the legality of her treatment. In the interim she has requested this letter as an explanation of her condition.

Sincerely,

Dirk Dunfee, A.R.N.P.

SHARON LEE, M.D.

I was under the care of Sharon Lee, M.D. on or about the year of 2010. She is employed at Family Health-Care which is addressed at 340 SW Boulevard, Kansas City, Kansas, 66103. She also has another location addressed at 530 Quindaro, Kansas City, Kansas, 66107. Both addresses are located in Wyandotte County, Kansas.

During the year 2010, Dr. Lee prescribed Marinol at 5mg every 6-8 hours. I had previously mentioned to Dr. Lee that I thought my Antitripline dosage was too high. She then decreased my Antitripline dosage slightly, but she neglected to blood sample the levels of medication causing the problem.

From 2010 to Nov, 8th 2012, which is the date of my overdose, Dr. Lee failed to extract any blood samples.
(Attachment here-to Documenting of Treatment)

Due to Dr. Lee's negligence, I have endured past and future pain and suffering, mental anguish, and a violation of my Civil Rights.

I, Opal Words, am requesting that the court grant me \$500,000 due to her negligence.

Additional Allegations against Defendant Sharon Lee, M.D.

On or about the year of 2010, I was under the care of Dr. Sharon Lee, M.D. I first discussed with Dr. Lee that I suffer from RSD. I was previously under the care of Neurologist Dr. Vernita Harriston-Mitchell. I enlightened Dr. Lee about all of the medications that Dr. Harriston-Mitchell was treating me with including but not limited to the use of smoking marijuana as needed for pain. After having received a citation for the possession of marijuana (two marijuana cigarettes), Dr. Lee wrote a letter in which she condoned the use of marijuana for RSD. I then gave the court said letter and the citation was dismissed. After the dismissal of the citation, Dr. Lee tried to get me a prescription of Marinol but my insurance did not cover the medicine at the time. At this point, I continued to smoke marijuana as needed. At a later date, Dr. Lee again prescribed me Marinol, at which point my insurance company had approved the prescription. Dr. Lee then prescribed me Marinol at 5mg every 6-8 hours. Later, Dr. Lee increased the Marinol dosage to 3 pills 3 times daily. Over a period of time, the increase in dosage of Marinol began to make me feel worse (though I did not know what was wrong at the time). I then suggested that Dr. Lee discontinue the prescription of Marinol and send me to a state that recognizes the use of medicinal marijuana because this method is what helped the most significantly.

Dr. Lee has claimed that she performed a venipuncture on October 13, 2012 at her office on Southwest Boulevard which did not happen at all. This I know because no veins stood up that day. Dr. Lee then advised me to go home and drink lots of water and come back on a day that my veins were clearly visible because she desperately needed a blood sample from me. She told me, and here I quote, "I haven't gotten your blood sample since I've been seeing you." On November 8th, 2012, I suffered two hard pains in my heart and promptly checked myself in the E.R. at St. John's Hospital.

I would also like to mention that the dates shown on Dr. Lee's claim's report and her office notes do not coincide with the records that Walgreen's showed regarding the prescriptions of Marinol.

Lastly I requested my medical records for closer examination and Dr. Lee has yet to release them to me, even to this day.

(Documents attached here-to in order of allegation.)

NOR SUMMONS and COMPLAINT TICKET

KANSAS } ss. **No. C 504407**
 ANDOTTE
 AS CITY

S
 A
 U FRIDAY

DEFENDANT

STATE OF THE UNITED GOVERNMENT OF
 KANSAS CITY, KANSAS

DAY OF June 2010 AT 11:30 AM

(Please Print) First Middle

COMPLEX HAIR EYES

DATE RACE SEX HT. WT.

DISTRICT

WIT IN THE CITY COUNTY AND STATE AFORESAID AND DO THEN AND
 FOLLOWING OFFENSE:

E AND THIS R THE

OF THE OF AN COURT

OR BY

ME

Complainant

Complainant served copy ☒

20 Add.

Phone

Serial No. 1399 Officer 114

DATE OF August 2010 8:00 A.M. 1:00 P.M.

701 N. 7th Street - Kansas City, Kansas

I PROMISE TO APPEAR IN SAID COURT OR BUREAU AT SAID

DEFENDANT

C 504407

MUNICIPAL COURT
KANSAS CITY, KANSAS 66101
TELEPHONE 573-5200

OFFICE HOUR
8 A.M. TO 5 P.M.
MONDAY THROUGH

INSTRUCTIONS

YOU MUST APPEAR PERSONALLY IN COURT, ON THE DAY
AT THE TIME AND PLACE INDICATED ON THE FRONT OF
SUMMONS. NO CONTINUANCE WILL BE GRANTED OVER
TELEPHONE.

FAILURE TO SATISFY THIS SUMMONS WILL RESULT IN
ISSUANCE OF A WARRANT FOR YOUR ARREST. THE FILING
ADDITIONAL CHARGE "FAILURE TO APPEAR" AND COSTS.

PAYMENT OF FINES MAY BE MADE IN CASH, CHECKS OR
CREDIT CARD.

2
03551W6SS10



CLINICAL REFERENCE
LABORATORY

MED SHIELD
By Clinical Reference Laboratory

Report Version 1

Report Summary

Patient Results Not Expected

Patient Information	Sample Information	Physician Information
WORDS, OPAL DOB: 03/27/1958 Gender: F Patient ID: <i>Not Provided</i> SSN #: <i>Not Provided</i>	Date Collected: 12/03/2012 Date Received: 12/04/2012 Date Reported: 12/05/2012 Accession #: M100002427 Requisition #: PM30007596	Dr. Stewart Grote ASSOCIATES IN FAMILY HEALTH CARE 712 1ST TERRACE, STE A LANSING, KS 66043 641104.31888

Listed Medication(s):

No Medications Indicated

Test Profile Description(s):

LP005HMO - MedShield Monitoring Profile 14

Confirmation Outcome	Drug Evaluation	Clinical Consultant Comments
Carboxy-THC	Detected	Not Expected
<p>The active ingredient of marijuana is delta-9-tetrahydrocannabinol (THC). It is metabolized to Carboxy-THC and detectable for 1-3 days following a single use of a marijuana cigarette. With chronic use, detection can last up to 30 days or more. Certain medications can cause false-positive urine screens but not with mass spectrometry confirmations. Prescription Marinol is the synthetic form of marijuana. Marinol is not listed as a prescribed medication.</p>		

Specimen Validity Testing		
Test	Result	Acceptable Range
General Oxidants	0	<200 µg/mL
pH	7.2	≥3.0 and <11.0
Creatinine	30.0	≥2.0 mg%

*please give
copy to Dr. Grote
she will be following up
2 min
TOT 12/10/12*

CLINICAL REFERENCE
LABORATORYMED SHIELD
ver. 1

Report Detail

Patient Information	Sample Information	Physician Information
WORDS, OPAL SSN #: Not Provided	Date Collected: 12/03/2012 Requisition #: PM30007596	Dr. Stewart Grote 641104.31888

Ordering Physician: Dr. Stewart Grote

	Screen Cutoff (ng/mL)	Result	Confirmation Cutoff (ng/mL)	Result	Drug Evaluation	Comment Code
STU-1610						
Amphetamines	500	Negative			Expected	
Cannabinoids	20	POSITIVE			Not Expected	
Carboxy-THC			10	21	Not Expected	0500
Cocaine	150	Negative			Expected	
Ecstasy (MDMA)	500	Negative			Expected	
PCP	25	Negative			Expected	
NARCOTICS						
6-Acetylmorphine	10	Negative			Expected	
Buprenorphine	5	Negative			Expected	
Fentanyl	0.75	Negative			Expected	
Methadone	200	Negative			Expected	
Opiates	100	Negative			Expected	
Oxycodone	100	Negative			Expected	
Tapentadol	100	Negative			Expected	
BENZODIAZEPINES						
Benzodiazepines	100	Negative			Expected	
STIMULANTS						
Methylphenidate	300	Negative			Expected	
BARBITURATES						
Barbiturates	200	Negative			Expected	
ADDITIONAL						
Alcohol (mg%)	0.04	Negative			Expected	
Tricyclics Antidepressants	100	Negative			Expected	

Specimen Validity Testing

Test	Result	Acceptable Range
General Oxidants	0	<200 µg/mL
pH	7.2	≥3.0 and <11.0
Creatinine	30.0	≥2.0 mg%

CLINICAL REFERENCE
LABORATORYMED SHIELD
ver. 1

Patient Information	Sample Information	Physician Information
WORDS, OPAL SSN #: Not Provided	Date Collected: 12/03/2012 Requisition #: PM30007596	Dr. Stewart Grote 641104.31888

Ordering Physician: Dr. Stewart Grote

Clinical Consultant Comments:

Comment Code Comment Details

0500

The active ingredient of marijuana is delta-9-tetrahydrocannabinol (THC). It is metabolized to Carboxy-THC and detectable for 1-3 days following a single use of a marijuana cigarette. With chronic use, detection can last up to 30 days or more. Certain medications can cause false-positive urine screens but not with mass spectrometry confirmations. Prescription Marinol is the synthetic form of marijuana. Marinol is not listed as a prescribed medication.

Drug Evaluation performed by Clinical Consultants:

University Services
10551 Decatur Rd
Philadelphia, PA 19154

Clinical Reference Laboratory, Inc.
8433 Quivira, Lenexa, KS 66215
(855) 895-4683

Page 3 of 3
12/5/2012 6:14:53PM
Template Version 20120724.08

LJA #1702005163
CAP #7534172
Lab Director: Dr. David Kuntz, PhD, DABFT

UM (Marinol 2.5 MG)

Generic Name: dronabinol

Pill imprint UM has been identified as **Marinol 2.5 MG**.

Marinol is used in the treatment of nausea/vomiting, chemotherapy induced; anorexia; aids related wasting and belongs to the drug class miscellaneous antiemetics. Risk cannot be ruled out during pregnancy. Marinol 2.5 MG has a potential for abuse less than the drugs in schedules 1 and 2. The drug has a currently accepted medical use in treatment in the United States. Abuse of the drug may lead to moderate or low physical dependence or high psychological dependence.

See also related documents.

Neuropathy Treatment

www.neuropathytreatmentgroup.com

Treat Nerve Pain & Numbness w/Free Trial. Neuropathy Treatment Group™.

Images for UM (Marinol 2.5 MG)



Marinol

Generic Name:

dronabinol

Imprint:

UM

Strength:

2.5 MG

Color:

White

Size:

8.00 mm

Shape:

Round

Availability:

Prescription only

Drug Class:

Miscellaneous antiemetics

Pregnancy Category:

C - Risk cannot be ruled out

CSA Schedule:

3 - Moderate abuse potential

Manufacturer:

Unimed Pharmaceuticals

WFA 3-27-58

SHARON DIAN LEE, M.D.
340 SOUTHWEST BOULEVARD
KANSAS CITY, KS 66103-2150

Opal White

NAME *Opal White* AGE *20*
ADDRESS *1021 N 7th St* CITY *Wichita*
DATE *8/15/70*
TAMPER-RESISTANT FEATURES INCLUDE:
SAFETY BLUE ERASE-RESISTANT BACKGROUND
AND "ILLEGAL" PANTOGRAPH

KCK 66101

Marion S

#-90

xpg 80

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over

Units

Refill: NR 1 2 3 4 5
Heard

DISPENSE AS WRITTEN

800

BRAND EXCHANGE PERMISSIBLE

8(FP)317/38

Rx INVALID

Rx INVALID

Rx INVALID

Sharon D Lee, MD
Family Medicine

SW Behavioral Health Care
240 SW 2nd Kansas City, KS, 661032150
Tel: 913-722-3100 Fax: 913-722-2542

Prepared By: Terry Kathleen, RNP
Trans ID: 70112001523829262000

Rx INVALID

Rx INVALID

Rx INVALID

PRINTED PRESCRIPTION

Words, Opal R

Kansas City, KS XXXXXX
DOB: 05/27/1958, Phone: 816-423-1027

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Marinol Capsule 5 MG Orally
Disp: 90*** (NINETY)
Sig: 1 cap before meals Every 6-8 hours as needed 30 days

Refills: ***0*** (ZERO)
DEA #: AL2267777
NPI #: 1454439081
LIC #: 4020303

To insure brand name dispensing, prescriber must write "Dispense as Written" or "D.A.W." on the prescription.

Sharon D Lee, MD,



9/2/2010

To Whom It Concerns,

This is concerning Ms. Opal Words (DOB 3/27/58) who is seen in our clinic. She has painful conditions, diagnosed by neurologists as reflex sympathetic dystrophy of her right arm and right median nerve neuropathy. Due to these diagnoses, Ms. Words was reportedly prescribed medical marijuana in a state where it is legally used for medicinal purposes. The medication provides her significant relief and she is trying to return to a state which recognizes the legality of her treatment. In the interim she has requested this letter as an explanation of her condition.

Sincerely,

Sharon Lee, MD
Director



9/2/2010

To Whom It Concerns,

This is concerning Ms. Opal Words (DOB 3/27/58) who is seen in our clinic. She has painful conditions, diagnosed by neurologists as reflex sympathetic dystrophy of her right arm and right median nerve neuropathy. Due to these diagnoses, Ms. Words was reportedly prescribed medical marijuana in a state where it is legally used for medicinal purposes. The medication provides her significant relief and she is trying to return to a state which recognizes the legality of her treatment. In the interim she has requested this letter as an explanation of her condition.

Sincerely,


Sharon Lee, MD
Director

SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF GREATER KANSAS CITY
340 SW Blvd Kansas City, Kansas 66103 913-722-3100 www.swbfhc.org

Copy

O.W. - Date of Service

First Date of Last Date of Payment Service	Service	Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
3/1/2010	3/1/2010	8/5/2010	\$159.22	\$159.22	-	-	-	KANSAS HEALTH SOLUTIONS
4/1/2010	4/1/2010	8/5/2010	\$159.22	\$159.22	-	-	-	KANSAS HEALTH SOLUTIONS
5/1/2010	5/1/2010	8/5/2010	\$159.22	\$159.22	-	-	-	KANSAS HEALTH SOLUTIONS
6/1/2010	6/1/2010	8/5/2010	\$159.22	\$159.22	-	-	-	KANSAS HEALTH SOLUTIONS
7/1/2010	7/1/2010	8/5/2010	\$155.62	\$155.62	-	-	-	KANSAS HEALTH SOLUTIONS
7/1/2010	7/1/2010	4/7/2011	\$4.03	\$4.03	-	-	-	MTM INC
7/14/2010	7/14/2010	7/22/2010	\$11.99	\$1.87	-	-	00378261001 - AMITRIPTYLINE HCL	WALGREENS 10845
7/14/2010	7/14/2010	7/22/2010	\$14.23	\$0.00	-	-	00005550919 - CALTRATE 800 + D	WALGREENS 10845
7/14/2010	7/14/2010	7/22/2010	\$97.98	\$0.00	-	-	53746010205 - GABAPENTIN	WALGREENS 10845
7/16/2010	7/16/2010	7/22/2010	\$14.23	\$0.00	-	-	00005550919 - CALTRATE 800 + D	WALGREENS 10845
7/16/2010	7/16/2010	7/29/2010	\$36.00	\$0.00	7851 - Palpitations	99212 - OFFICE/OUTPATIENT VISIT EST	-	TRUMAN MEDICAL CENTER HOSPITAL HILL
7/16/2010	7/16/2010	7/29/2010	\$89.00	\$18.35	7851 - Palpitations	93005 - ELECTROCARDIOGRAM TRACING	-	TRUMAN MEDICAL CENTER HOSPITAL HILL
7/16/2010	7/16/2010	8/12/2010	\$18.00	\$0.00	78650 - Unspecified chest pain	93010 - ELECTROCARDIOGRAM, ROUTINE ECG WITH ATL	-	UNIVERSITY PHYSICIAN ASSOC

First Date of Service	Last Date of Service	Date of Payment	Entered Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Entered Name
7/18/2010	7/18/2010	8/12/2010	\$18.00	\$10.41	7850 - Unspecified chest pain	93010 - ELECTROCARDIOGRAM, ROUTINE ECG WITH AT L	-	UNIVERSITY PHYSICIAN ASSOC
7/18/2010	7/18/2010	8/12/2010	\$48.00	\$27.76	7851 - Palpitations	98212 - OFFICE/OUTPATIENT VISIT EST	-	UNIVERSITY PHYSICIAN ASSOC
7/19/2010	7/19/2010	7/29/2010	\$209.99	\$0.00	-	-	88462012705 - GABAPENTIN	WALGREENS 10845
7/19/2010	7/19/2010	8/5/2010	\$36.00	\$0.00	7820 - Disturbance of skin sensation	98212 - OFFICE/OUTPATIENT VISIT EST	-	TRUMAN MEDICAL CENTER HOSPITAL HILL
7/19/2010	7/19/2010	8/12/2010	\$136.00	\$62.22	2724 - Other and unspecified hyperlipidemia	98214 - OFFICE/OUTPATIENT VISIT EST	-	UNIVERSITY PHYSICIAN ASSOC
7/22/2010	7/22/2010	7/29/2010	\$209.99	\$0.00	-	-	88462012705 - GABAPENTIN	WALGREENS 10845
7/22/2010	7/22/2010	8/5/2010	\$13.00	\$0.00	2720 - Pure hypercholesterolemia	38415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	-	TRUMAN MEDICAL CENTER HOSPITAL HILL
7/22/2010	7/22/2010	8/5/2010	\$119.00	\$19.02	2720 - Pure hypercholesterolemia	80061 - LIPID PANEL. THIS PANEL MUST INCLUDE THE	-	TRUMAN MEDICAL CENTER HOSPITAL HILL
7/22/2010	7/22/2010	8/5/2010	\$125.00	\$13.60	2720 - Pure hypercholesterolemia	80076 - HEPATIC FUNCTION PANEL	-	TRUMAN MEDICAL CENTER HOSPITAL HILL
7/30/2010	7/30/2010	8/5/2010	\$209.99	\$0.00	-	-	88462012705 - GABAPENTIN	WALGREENS 10845
7/30/2010	7/30/2010	8/18/2010	\$11.99	\$0.00	-	-	00378283010 - AMITRIPTYLINE HCL	WALGREENS 10845
8/1/2010	8/1/2010	8/5/2010	\$2.00	\$2.00	-	-	-	LEE SHARON D
8/1/2010	8/1/2010	8/5/2010	\$155.62	\$155.62	-	-	-	KANSAS HEALTH SOLUTIONS
8/1/2010	8/1/2010	4/7/2011	\$4.03	\$4.03	-	-	-	MTM INC

First Date of Service	Last Date of Service	Date of Payment	Entered Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NOC Description	Billing Name
8/12/2010	8/12/2010	8/28/2010	\$36.75	\$5.00	V7260 - Laboratory examination	85025 - BLOOD COUNT; COMPLETE (CBC), AUTOMATED (-	QUEST DIAGNOSTICS
8/12/2010	8/12/2010	8/28/2010	\$44.99	\$12.48	V7260 - Laboratory examination	80053 - COMPREHENSIVE METABOLIC PANEL	-	QUEST DIAGNOSTICS
8/12/2010	8/12/2010	8/22/2010	\$10.00	\$0.00	33720 - Unspecified reflex sympathetic dystrophy	38415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/12/2010	8/12/2010	9/22/2010	\$25.00	\$0.00	33720 - Unspecified reflex sympathetic dystrophy	99000 - HANDLING AND/OR CONVEYANCE OF SPECIMAN F	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/12/2010	8/12/2010	9/22/2010	\$85.00	\$15.12	33720 - Unspecified reflex sympathetic dystrophy	80061 - LIPID PANEL, THIS PANEL MUST INCLUDE THE	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/12/2010	8/12/2010	9/22/2010	\$185.00	\$105.12	33720 - Unspecified reflex sympathetic dystrophy	99204 - OFFICE/OUTPATIENT VISIT NEW	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/16/2010	\$20.00	\$0.00	4659 - Acute upper respiratory infections of unspecified site	81003 - URINALYSIS AUTO W/O SCOPE	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/16/2010	\$20.00	\$1.50	4659 - Acute upper respiratory infections of unspecified site	81003 - URINALYSIS AUTO W/O SCOPE	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/16/2010	\$25.00	\$0.00	4659 - Acute upper respiratory infections of unspecified site	99000 - HANDLING AND/OR CONVEYANCE OF SPECIMAN F	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/16/2010	\$45.00	\$0.00	4659 - Acute upper respiratory infections of unspecified site	88164 - CYTOPATH TBS CV MANUAL	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/16/2010	\$45.00	\$12.41	4659 - Acute upper respiratory infections of unspecified site	88164 - CYTOPATH TBS CV MANUAL	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/16/2010	\$90.00	\$0.00	4659 - Acute upper respiratory infections of unspecified site	87491 - CHYLMD TRACH DNA AMP PROBE	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/16/2010	\$90.00	\$0.00	4659 - Acute upper respiratory infections of unspecified site	87591 - N.GONORRHOEA DNA AMP PROB	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/16/2010	\$90.00	\$41.22	4659 - Acute upper respiratory infections of unspecified site	87491 - CHYLMD TRACH DNA AMP PROBE	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF

First Date of Service	Last Date of Service	Date of Payment	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
8/18/2010	8/18/2010	8/18/2010	\$80.00	\$41.22	4689 - Acute upper respiratory infections of unspecified site	87591 - N.GONORRHOEA DNA AMP PROB	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	9/18/2010	\$130.00	\$0.00	4689 - Acute upper respiratory infections of unspecified site	99214 - OFFICE/OUTPATIENT VISIT EST	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	8/18/2010	\$130.00	\$62.22	4689 - Acute upper respiratory infections of unspecified site	99214 - OFFICE/OUTPATIENT VISIT EST	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/18/2010	8/18/2010	10/21/2010	\$80.00	\$0.00	4689 - Acute upper respiratory infections of unspecified site	87491 - CHYLMD TRACH DNA AMP PROBE	-	QUEST DIAGNOSTICS
8/18/2010	8/18/2010	10/21/2010	\$80.00	\$0.00	4689 - Acute upper respiratory infections of unspecified site	87561 - N.GONORRHOEA DNA AMP PROB	-	QUEST DIAGNOSTICS
8/20/2010	8/20/2010	8/26/2010	\$11.99	\$2.67	-	-	00378265010 - AMITRIPTYLINE HCL	WALGREENS #10125
8/20/2010	8/20/2010	8/26/2010	\$14.99	\$4.40	-	-	53746027205 - SULFAMETHOXAZOLE -TRIMETHOPRIM	WALGREENS #10125
8/24/2010	8/24/2010	9/16/2010	\$80.00	\$8.56	V7612 - Other screening mammogram	77052 - COMP SCREEN MAMMOGRAM ADD-ON	-	UNIV OF KANS MED CTR OPD
8/24/2010	8/24/2010	9/16/2010	\$284.00	\$70.28	V7612 - Other screening mammogram	G0202 - SCREENING MAMMOGRAPHY, PRODUCING DIRECT	-	UNIV OF KANS MED CTR OPD
8/24/2010	8/24/2010	9/30/2010	\$5.00	\$2.34	V7612 - Other screening mammogram	77052 - COMP SCREEN MAMMOGRAM ADD-ON	-	PROFESSIONAL SERVICES OF KU
8/24/2010	8/24/2010	9/30/2010	\$54.00	\$26.60	V7612 - Other screening mammogram	G0202 - SCREENING MAMMOGRAPHY, PRODUCING DIRECT	-	PROFESSIONAL SERVICES OF KU
8/26/2010	8/26/2010	10/7/2010	\$392.24	\$55.77	V671 - Other physical therapy	97001 - PT EVALUATION	-	PROVIDENCE MEDICAL CENTER
8/30/2010	8/30/2010	9/8/2010	\$209.99	\$0.00	-	-	00093717401 - GABAPENTIN	WALGREENS 10845
8/30/2010	8/30/2010	9/8/2010	\$209.99	\$0.00	-	-	68462017205 - GABAPENTIN	WALGREENS 10845

First Date of Last Date of Payment Service	Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
9/1/2010	9/1/2010	\$2.00	\$2.00	-	-	-	LEE SHARON D
9/1/2010	9/1/2010	\$155.62	\$155.62	-	-	-	KANSAS HEALTH SOLUTIONS
9/1/2010	9/30/2010	\$60.00	\$27.76	5800 - Urinary tract infection, site not specified	99212 - OFFICE/OUTPATIENT VISIT EST	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
8/1/2010	4/7/2011	\$4.03	\$4.03	-	-	-	MTM INC
9/2/2010	10/14/2010	\$335.86	\$40.34	V571 - Other physical therapy	97110 - THERAPEUTIC PROCEDURE, ONE OR MORE AREAS	-	PROVIDENCE MEDICAL CENTER
9/15/2010	10/7/2010	\$20.00	\$1.50	33720 - Unspecified reflex sympathetic dystrophy	81003 - URINALYSIS AUTO W/O SCOPE	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
9/15/2010	10/7/2010	\$80.00	\$38.84	33720 - Unspecified reflex sympathetic dystrophy	99213 - OFFICE/OUTPATIENT VISIT EST	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
9/16/2010	9/23/2010	\$97.99	\$0.00	-	-	53746010205 - GABAPENTIN	WALGREENS 10845
9/17/2010	9/23/2010	\$32.59	\$3.40	-	-	69180048003 - SIMVASTATIN	PRICE CHOPPER PHARMACY #12
9/17/2010	9/23/2010	\$938.79	\$0.00	-	-	49984088802 - DRONABINOL	PRICE CHOPPER PHARMACY #12
10/1/2010	10/7/2010	\$2.00	\$2.00	-	-	-	LEE SHARON D
10/1/2010	10/7/2010	\$155.62	\$155.62	-	-	-	KANSAS HEALTH SOLUTIONS
10/1/2010	4/7/2011	\$4.03	\$4.03	-	-	-	MTM INC
11/1/2010	11/4/2010	\$2.00	\$2.00	-	-	-	LEE SHARON D

First Date of Service	Last Date of Service	Date of Payment	Entered Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
11/1/2010	11/1/2010	11/4/2010	\$155.62	\$155.62	-			KANSAS HEALTH SOLUTIONS
11/1/2010	11/1/2010	4/7/2011	\$4.03	\$4.03	-			MTM INC
11/10/2010	11/10/2010	12/23/2010	\$80.00	\$38.84	61172 - Lump or mass in breast	99213 - OFFICE/OUTPATIENT VISIT EST		SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
11/18/2010	11/18/2010	12/2/2010	\$42.00	\$20.58	6101 - Diffuse cyclic mastopathy	78845 - US EXAM BREAST(S)		PROFESSIONAL SERVICES OF KU
11/18/2010	11/18/2010	12/9/2010	\$457.00	\$54.50	79390 - Unspecified abnormal mammogram	78890 - ULTRASOUND, EXTREMITY, NON-VASCULAR, B-S		UNIV OF KANS MED CTR OPD
12/1/2010	12/1/2010	12/2/2010	\$2.00	\$2.00	-			LEE SHARON D
12/1/2010	12/1/2010	12/2/2010	\$155.62	\$155.62	-			KANSAS HEALTH SOLUTIONS
12/1/2010	12/1/2010	4/7/2011	\$4.03	\$4.03	-			MTM INC
12/13/2010	12/13/2010	12/23/2010	\$14.23	\$0.00	-		00005550919 - CALTRATE 600 + D	WALGREENS 10845
12/13/2010	12/13/2010	1/8/2011	\$11.99	\$0.00	-		00378285010 - AMTRIPTYLINE HCL	WALGREENS 10845
12/22/2010	12/22/2010	3/3/2011	\$130.00	\$62.22	33720 - Unspecified reflex sympathetic dystrophy	99214 - OFFICE/OUTPATIENT VISIT EST		SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
12/30/2010	12/30/2010	3/3/2011	\$60.00	\$27.76	33829 - OTHER CHRONIC PAIN	99212 - OFFICE/OUTPATIENT VISIT EST		SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
1/1/2011	1/1/2011	1/8/2011	\$2.00	\$2.00	-			LEE SHARON D
1/1/2011	1/1/2011	7/8/2011	\$86.26	\$86.26	-			KANSAS HEALTH SOLUTIONS

First Date of Last Date of Payment Service	Service	Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
1/1/2011	1/1/2011	4/7/2011	\$4.03	\$4.03				MTM INC
1/4/2011	1/4/2011	1/13/2011	\$11.99	\$0.00			00378265010 - AMITRIPTYLINE HCL	WALGREENS 10845
1/4/2011	1/4/2011	1/13/2011	\$14.23	\$0.00			00005550919 - CALTRATE 600 + D	WALGREENS 10845
1/4/2011	1/4/2011	1/13/2011	\$18.98	\$0.00			00005550919 - CALTRATE 600 + D	WALGREENS 10845
1/4/2011	1/4/2011	1/13/2011	\$21.79	\$0.00			00406055201 - OXYCODONE HCL	WALGREENS 10845
1/4/2011	1/4/2011	1/13/2011	\$30.89	\$0.00			68180046701 - LOVASTATIN	WALGREENS 10845
1/4/2011	1/4/2011	1/13/2011	\$114.99	\$0.00			53748010305 - GABAPENTIN	WALGREENS 10845
1/4/2011	1/4/2011	1/27/2011	\$11.99	\$0.00			00378265010 - AMITRIPTYLINE HCL	WALGREENS 10845
1/6/2011	1/6/2011	5/12/2011	\$90.00	\$38.84	S3721 - Reflex sympathetic dystrophy of the upper limb	99213 - OFFICE/OUTPATIENT VISIT EST		SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
1/7/2011	1/7/2011	1/13/2011	\$16.38	\$0.00			00406036501 - HYDROCODONE-ACE AMINOPHEN	ABRAMS PHARMACY IN
1/7/2011	1/7/2011	1/13/2011	\$18.59	\$0.00			00591320201 - HYDROCODONE-ACE AMINOPHEN	WALGREENS 10845
1/22/2011	1/22/2011	2/3/2011	\$22.49	\$0.00			00406055201 - OXYCODONE HCL	CVS PHARMACY #8584
1/24/2011	1/24/2011	2/3/2011	\$11.99	\$2.67			00378265010 - AMITRIPTYLINE HCL	WALGREENS 10845
1/24/2011	1/24/2011	2/3/2011	\$30.89	\$0.00			68180046701 - LOVASTATIN	WALGREENS 10845

First Date of Service	Last Date of Service	Date of Payment	Billed Amt	Paid Amt	Diagnosis Code	Procedure Code Desc	NDC Description	Selling Name
1/24/2011	1/24/2011	2/9/2011	\$115.99	\$97.12			00378087199 - CLONIDINE	WALGREENS 10845
1/24/2011	1/24/2011	2/9/2011	\$196.00	\$82.00	33721 - Reflex sympathetic dystrophy of the upper limb	99215 - OFFICE/OUTPATIENT VISIT EST		UNIVERSITY PHYSICIAN ASSOC
1/24/2011	1/24/2011	2/9/2011	\$209.99	\$0.00			68462012705 - GABAPENTIN	WALGREENS 10845
1/24/2011	1/24/2011	2/10/2011	\$40.00	\$0.00	3558 - Mononeuritis of unspecified site	99212 - OFFICE/OUTPATIENT VISIT EST		TRIUMPH MEDICAL CENTER HOSPITAL HILL
1/26/2011	1/26/2011	2/9/2011	\$209.99	\$0.00			68462012705 - GABAPENTIN	WALGREENS 10845
2/1/2011	2/1/2011	2/9/2011	\$2.00	\$2.00				LEE SHARON D
2/1/2011	2/1/2011	2/9/2011	\$86.26	\$86.26				KANSAS HEALTH SOLUTIONS
2/1/2011	2/1/2011	4/7/2011	\$4.03	\$4.03				MTM INC
2/3/2011	2/3/2011	2/10/2011	\$22.49	\$0.00			0040605201 - OXYCODONE HCL	CVS PHARMACY #8584
3/1/2011	3/1/2011	4/7/2011	\$4.03	\$4.03				MTM INC
3/1/2011	3/1/2011	4/7/2011	\$12.97	\$12.97				VALUEOPTIONS OF KANSAS INC
3/1/2011	3/1/2011	4/7/2011	\$113.10	\$113.10				KANSAS HEALTH SOLUTIONS
3/10/2011	3/10/2011	3/17/2011	\$13.48	\$0.00			00005550819 - CAL TRATE 800 + D	WALGREENS 10845
3/10/2011	3/10/2011	3/17/2011	\$115.99	\$0.00			00378087199 - CLONIDINE	WALGREENS 10845

First Date of Service	Last Date of Service	Payment Date	Billed Amt.	Paid Amt.	Diagnostic Code	Procedure Code Desc	NDIC Description	Billing Name
4/1/2011	4/1/2011	5/5/2011	\$4.03	\$4.03				MTM INC
4/1/2011	4/1/2011	5/5/2011	\$12.97	\$12.97				VALUEOPTIONS OF KANSAS INC
4/4/2011	4/4/2011	2/23/2012	\$140.00	\$0.00	3804 - Impacted osseum	99214 - OFFICE/OUTPATIENT VISIT EST		SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
4/7/2011	4/7/2011	4/14/2011	\$11.99	\$0.00			00378265010 - AMITRIPTYLINE HCL	WALGREENS 10845
4/7/2011	4/7/2011	4/14/2011	\$11.99	\$2.67			00378265010 - AMITRIPTYLINE HCL	WALGREENS 10845
4/7/2011	4/7/2011	4/14/2011	\$30.99	\$0.00			00379851091 - LOVASTATIN	WALGREENS 10845
4/7/2011	4/7/2011	4/14/2011	\$115.99	\$97.12			00378087199 - CLONIDINE	WALGREENS 10845
4/7/2011	4/7/2011	4/14/2011	\$209.99	\$0.00			59762502401 - GABAPENTIN	WALGREENS 10845
4/11/2011	4/11/2011	4/21/2011	\$89.00	\$38.84	33721 - Reflex sympathetic dystrophy of the upper limb	99213 - OFFICE/OUTPATIENT VISIT EST		UNIVERSITY PHYSICIAN ASSOC
4/11/2011	4/11/2011	4/28/2011	\$40.00	\$0.00	3599 - Mononeuritis of unspecified site	99212 - OFFICE/OUTPATIENT VISIT EST		TRUMAN MEDICAL CENTER HOSPITAL HILL
4/11/2011	4/11/2011	4/28/2011	\$215.99	\$0.00			00378087299 - CLONIDINE	WALGREENS 10845
5/1/2011	5/1/2011	5/5/2011	\$2.00	\$2.00				LEE SHARON D
5/1/2011	5/1/2011	5/5/2011	\$4.03	\$4.03				MTM INC
5/1/2011	5/1/2011	5/5/2011	\$12.97	\$12.97				VALUEOPTIONS OF KANSAS INC

First Date of Service	Last Date of Service	Date of Payment	Eligible Amt	Paid Amt	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
5/1/2011	5/1/2011	5/5/2011	\$94.44	\$94.44				KANSAS HEALTH SOLUTIONS
6/1/2011	6/1/2011	6/2/2011	\$2.00	\$2.00				LEE SHARON D
6/1/2011	6/1/2011	6/2/2011	\$4.03	\$4.03				MTM INC
6/1/2011	6/1/2011	6/2/2011	\$12.97	\$12.97				VALUEOPTIONS OF KANSAS INC
6/1/2011	6/1/2011	6/2/2011	\$94.44	\$94.44				KANSAS HEALTH SOLUTIONS
6/1/2011	6/1/2011	6/9/2011	\$11.99	\$2.67			00378265010 - AMITRIPTYLINE HCL	WALGREENS 10845
6/1/2011	6/1/2011	6/9/2011	\$30.69	\$0.00			00378851091 - LOVASTATIN	WALGREENS 10845
6/1/2011	6/1/2011	6/9/2011	\$51.99	\$0.00			68180047803 - SIMVASTATIN	WALGREENS 10845
6/1/2011	6/1/2011	6/9/2011	\$51.99	\$1.60			68180047803 - SIMVASTATIN	WALGREENS 10845
6/1/2011	6/1/2011	6/9/2011	\$115.99	\$97.12			00378087199 - CLONIDINE	WALGREENS 10845
6/1/2011	6/1/2011	6/9/2011	\$347.89	\$0.00			00378087199 - CLONIDINE	WALGREENS 10845
6/2/2011	6/2/2011	6/9/2011	\$17.98	\$0.00			00065550919 - CAL TRATE 800 + D	WALGREENS 10845
6/2/2011	6/2/2011	6/9/2011	\$107.99	\$0.00			59762502401 - GABAPENTIN	WALGREENS 10845
6/2/2011	6/2/2011	6/9/2011	\$208.89	\$0.00			59762502401 - GABAPENTIN	WALGREENS 10845

First Date of Service	Last Date of Service	Date of Payment	Billed Amt	Paid Amt	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
6/27/2011	6/27/2011	7/7/2011	\$115.99	\$0.00	-	-	00378087199 - CLONIDINE	WALGREENS 10845
6/27/2011	6/27/2011	7/7/2011	\$138.00	\$62.22	33721 - Reflex sympathetic dystrophy of the upper limb	99214 - OFFICE/OUTPATIENT VISIT EST	-	UNIVERSITY PHYSICIAN ASSOC
6/27/2011	6/27/2011	7/7/2011	\$209.99	\$0.00	-	-	69462012705 - GABAPENTIN	WALGREENS 10845
6/27/2011	6/27/2011	7/7/2011	\$453.29	\$0.00	-	-	00071040124 - NEURONTIN	WALGREENS 10845
6/27/2011	6/27/2011	7/7/2011	\$1,349.99	\$0.00	-	-	00071040124 - NEURONTIN	WALGREENS 10845
6/27/2011	6/27/2011	7/21/2011	\$11.99	\$0.00	-	-	00378267501 - AMTRIPTYLINE HCL	WALGREENS 10845
6/27/2011	6/27/2011	7/21/2011	\$56.00	\$0.00	33721 - Reflex sympathetic dystrophy of the upper limb	99213 - OFFICE/OUTPATIENT VISIT EST	-	TRUMAN MEDICAL CENTER HOSPITAL HIL
7/1/2011	7/1/2011	7/7/2011	\$2.00	\$2.00	-	-	-	LEE SHARON D
7/1/2011	7/1/2011	7/7/2011	\$4.03	\$4.03	-	-	-	MTM INC
7/1/2011	7/1/2011	7/7/2011	\$14.78	\$14.78	-	-	-	VALUEOPTIONS OF KANSAS INC
7/1/2011	7/1/2011	7/7/2011	\$107.15	\$107.15	-	-	-	KANSAS HEALTH SOLUTIONS
7/1/2011	7/1/2011	8/4/2011	\$0.10	\$0.10	-	-	-	MTM INC
8/1/2011	8/1/2011	8/4/2011	\$2.00	\$2.00	-	-	-	LEE SHARON D
8/1/2011	8/1/2011	8/4/2011	\$4.13	\$4.13	-	-	-	MTM INC

First Date of Service	Last Date of Service	Payment Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
8/1/2011	8/1/2011	8/4/2011	\$14.78	\$14.78	-	-	-	VALUEOPTIONS OF KANSAS INC
8/1/2011	8/1/2011	8/4/2011	\$107.15	\$107.15	-	-	-	KANSAS HEALTH SOLUTIONS
8/1/2011	9/1/2011	9/8/2011	\$2.00	\$2.00	-	-	-	LEE SHARON D
9/1/2011	9/1/2011	9/8/2011	\$4.13	\$4.13	-	-	-	MTM INC
8/1/2011	9/1/2011	9/8/2011	\$14.78	\$14.78	-	-	-	VALUEOPTIONS OF KANSAS INC
9/1/2011	9/1/2011	9/8/2011	\$107.15	\$107.15	-	-	-	KANSAS HEALTH SOLUTIONS
9/1/2011	9/30/2011	11/3/2011	\$106.00	\$106.00	76099 - Other general symptoms	T1017 - TARGETED CASE MANAGEMENT, EACH 15 MINUTE	-	THE WHOLE PERSON INC
9/1/2011	9/1/2011	9/22/2011	\$11.99	\$3.76	-	-	-	00378267501 - AMTRIPTYLINE HCL WALGREENS 10845
9/1/2011	9/1/2011	9/22/2011	\$13.99	\$2.40	-	-	-	00591034905 - HYDROCODONE-ACE AMINOPHEN WALGREENS 10845
9/1/2011	9/1/2011	9/22/2011	\$19.29	\$2.87	-	-	-	00083310905 - AMOXICILIN WALGREENS 10845
9/1/2011	9/1/2011	9/22/2011	\$115.99	\$97.12	-	-	-	00378087199 - CLONIDINE WALGREENS 10845
9/1/2011	9/1/2011	9/22/2011	\$347.89	\$0.00	-	-	-	00378087199 - CLONIDINE WALGREENS 10845
10/1/2011	10/1/2011	10/6/2011	\$2.00	\$2.00	-	-	-	LEE SHARON D
10/1/2011	10/1/2011	10/6/2011	\$4.13	\$4.13	-	-	-	MTM INC

First Date of Service	Last Date of Service	Date of Payment	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc.	NDC Description	Billing Name
10/1/2011	10/1/2011	10/6/2011	\$14.78	\$14.78	-	-	-	VALUEOPTIONS OF KANSAS INC
10/1/2011	10/1/2011	10/6/2011	\$107.15	\$107.15	-	-	-	KANSAS HEALTH SOLUTIONS
10/4/2011	10/4/2011	10/20/2011	\$42.00	\$0.00	33721 - Reflex sympathetic dystrophy of the upper limb	99212 - OFFICE/OUTPATIENT VISIT EST	-	TRUMAN MEDICAL CENTER HOSPITAL HILL
10/4/2011	10/4/2011	10/20/2011	\$89.00	\$38.84	33721 - Reflex sympathetic dystrophy of the upper limb	99213 - OFFICE/OUTPATIENT VISIT EST	-	UNIVERSITY PHYSICIAN ASSOC
11/1/2011	11/1/2011	11/3/2011	\$2.00	\$2.00	-	-	-	LEE SHARON D
11/1/2011	11/1/2011	11/3/2011	\$4.13	\$4.13	-	-	-	MTM INC
11/1/2011	11/1/2011	11/3/2011	\$14.78	\$14.78	-	-	-	VALUEOPTIONS OF KANSAS INC
11/3/2011	11/1/2011	11/3/2011	\$107.15	\$107.15	-	-	-	KANSAS HEALTH SOLUTIONS
11/4/2011	11/4/2011	11/10/2011	\$11.89	\$3.00	-	-	00378267501 - AMITRIPTYLINE HCL	WALGREENS 10845
11/4/2011	11/4/2011	11/10/2011	\$116.99	\$97.27	-	-	00378087199 - CLONIDINE	WALGREENS 10845
11/4/2011	11/4/2011	11/10/2011	\$209.99	\$0.00	-	-	59782602401 - GABAPENTIN	WALGREENS 10845
11/4/2011	11/4/2011	11/10/2011	\$347.89	\$0.00	-	-	00378087199 - CLONIDINE	WALGREENS 10845
12/1/2011	12/1/2011	12/1/2011	\$2.00	\$2.00	-	-	-	LEE SHARON D
12/1/2011	12/1/2011	12/1/2011	\$4.13	\$4.13	-	-	-	MTM INC

First Date of Last Date of Payment	Service	Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	HOC Description	Billing Name
12/1/2011	12/1/2011	12/1/2011	\$14.78	\$14.78	-			VALUEOPTIONS OF KANSAS INC
12/1/2011	12/1/2011	12/1/2011	\$107.15	\$107.15	-			KANSAS HEALTH SOLUTIONS
12/8/2011	12/8/2011	12/15/2011	\$11.89	\$0.00	-		DOPTERONIC AMTRIPOLINE HCL	WALGREENS 10845
			Sum: \$16,164.71	\$4,770.69				

O.W. - Date of Service

First Date of Service	Last Date of Service	Payment Date	Billed Amt	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
4/26/2012	4/26/2012	5/17/2012	\$29.99	\$1.10	-	-	00172541211 - FLUCONAZOLE	WALGREENS 10845
5/1/2012	5/1/2012	6/7/2012	\$4.95	\$4.95	-	-	-	MTM INC
5/1/2012	5/1/2012	6/7/2012	\$14.78	\$14.78	-	-	-	VALUEOPTIONS OF KANSAS INC
5/1/2012	5/1/2012	6/7/2012	\$112.39	\$112.39	-	-	-	KANSAS HEALTH SOLUTIONS
5/2/2012	5/2/2012	5/10/2012	\$29.99	\$0.00	-	-	00172541211 - FLUCONAZOLE	WALGREENS 10845
5/3/2012	5/3/2012	6/28/2012	\$31.80	\$31.80	78099 - Other general symptoms	T1017 - TARGETED CASE MANAGEMENT, EACH 15 MINUTE	-	THE WHOLE PERSON INC
5/9/2012	5/9/2012	5/17/2012	\$11.99	\$3.00	-	-	00378287501 - AMITRIPTYLINE HCL	WALGREENS 10845
5/9/2012	5/9/2012	5/17/2012	\$114.99	\$0.00	-	-	53748010305 - GABAPENTIN	WALGREENS 10845
5/9/2012	5/9/2012	5/17/2012	\$136.03	\$97.38	-	-	00555100916 - CLONIDINE	WALGREENS 10845

First Date of Service	Last Date of Service	Payment Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
5/30/2012	5/30/2012	6/7/2012	\$356.97	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS 10845
5/30/2012	5/30/2012	6/7/2012	\$356.99	\$0.00	-	-	00591359160 - DRONABINOL	WALGREENS 10845
5/30/2012	5/30/2012	6/7/2012	\$1,064.11	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS 10845
5/30/2012	5/30/2012	6/7/2012	\$1,064.17	\$0.00	-	-	00591359160 - DRONABINOL	WALGREENS 10845
5/30/2012	5/30/2012	6/7/2012	\$1,594.46	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS 10845
5/30/2012	5/30/2012	6/7/2012	\$1,594.56	\$0.00	-	-	00591359160 - DRONABINOL	WALGREENS 10845
6/1/2012	6/1/2012	6/7/2012	\$2.00	\$2.00	-	-	-	LEE SHARON D
6/1/2012	6/1/2012	6/7/2012	\$4.95	\$4.95	-	-	-	MTM INC
6/1/2012	6/1/2012	6/7/2012	\$14.78	\$14.78	-	-	-	VALUEOPTIONS OF KANSAS INC
6/1/2012	6/1/2012	6/7/2012	\$112.39	\$112.39	-	-	-	KANSAS HEALTH SOLUTIONS

First Date of Service	Last Date of Service	Date of Payment	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
6/1/2012	6/1/2012	6/7/2012	\$1,584.56	\$1,161.40	-	-	00591359160 - DRONABINOL	WALGREENS 10845
6/19/2012	6/19/2012	7/19/2012	\$10.80	\$10.80	78099 - Other general symptoms	T1017 - TARGETED CASE MANAGEMENT, EACH 15 MINUTE	-	THE WHOLE PERSON INC
6/22/2012	6/22/2012	6/28/2012	\$11.99	\$3.00	-	-	00378267501 - AMITRIPTYLINE HCL	WALGREENS 10845
6/22/2012	6/22/2012	6/28/2012	\$114.99	\$0.00	-	-	53746010305 - GABAPENTIN	WALGREENS 10845
6/22/2012	6/22/2012	6/28/2012	\$136.03	\$97.38	-	-	00555100916 - CLONIDINE	WALGREENS 10845
6/25/2012	6/25/2012	7/26/2012	\$140.00	\$62.22	33721 - Reflex sympathetic dystrophy of the upper limb	99214 - OFFICE/OUTPATIENT VISIT EST	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
7/1/2012	7/1/2012	7/5/2012	\$2.00	\$2.00	-	-	-	LEE SHARON D
7/1/2012	7/1/2012	7/5/2012	\$4.95	\$4.95	-	-	-	MTM INC
7/1/2012	7/1/2012	7/5/2012	\$14.67	\$14.67	-	-	-	VALUEOPTIONS OF KANSAS INC
7/1/2012	7/1/2012	7/5/2012	\$116.31	\$116.31	-	-	-	KANSAS HEALTH SOLUTIONS

First Date of Service	Last Date of Service	Payment Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
7/2/2012	7/12/2012	8/16/2012	\$95.40	\$95.40	78099 - Other general symptoms	T1017 - TARGETED CASE MANAGEMENT, EACH 15 MINUTE		THE WHOLE PERSON INC
7/11/2012	7/11/2012	7/19/2012	\$114.99	\$0.00	-	-	53746010305 - GABAPENTIN	WALGREENS #12923
7/11/2012	7/11/2012	7/19/2012	\$268.58	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS #12923
7/11/2012	7/11/2012	7/19/2012	\$268.59	\$0.00	-	-	00591359160 - DRONABINOL	WALGREENS #12923
7/11/2012	7/11/2012	7/19/2012	\$1,594.46	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS #12923
7/11/2012	7/11/2012	7/19/2012	\$1,594.56	\$0.00	-	-	00591359160 - DRONABINOL	WALGREENS #12923
7/12/2012	7/12/2012	7/26/2012	\$268.58	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS #12923
7/13/2012	7/13/2012	7/19/2012	\$114.99	\$14.24	-	-	53746010305 - GABAPENTIN	WALGREENS #12923
7/16/2012	7/16/2012	7/26/2012	\$1,594.46	\$1,161.40	-	-	49884086702 - DRONABINOL	WALGREENS #12923
8/1/2012	8/1/2012	8/9/2012	\$4.95	\$4.95	-	-		MTM INC

First Date of Service	Last Date of Service	Date of Payment	Billed Amt.	Paid Amt.	Diagnostic Code	Procedure Code Desc	NDC Description	Billing Name
8/1/2012	8/1/2012	8/9/2012	\$14.67	\$14.67	-	-	-	VALUEOPTIONS OF KANSAS INC
8/1/2012	8/1/2012	8/9/2012	\$116.31	\$116.31	-	-	-	KANSAS HEALTH SOLUTIONS
8/6/2012	8/6/2012	9/20/2012	\$21.20	\$21.20	78099 - Other general symptoms	T1017 - TARGETED CASE MANAGEMENT, EACH 15 MINUTE	-	THE WHOLE PERSON INC
8/13/2012	8/13/2012	8/23/2012	\$268.58	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS #12923
8/13/2012	8/13/2012	8/23/2012	\$268.58	\$0.00	-	-	68084017401 - DRONABINOL	WALGREENS #12923
8/13/2012	8/13/2012	8/23/2012	\$1,594.46	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS #12923
8/13/2012	8/13/2012	8/23/2012	\$1,594.46	\$0.00	-	-	68084017401 - DRONABINOL	WALGREENS #12923
8/14/2012	8/14/2012	8/23/2012	\$268.58	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS #12923
8/14/2012	8/14/2012	8/23/2012	\$1,594.46	\$0.00	-	-	49884086702 - DRONABINOL	WALGREENS #12923
8/15/2012	8/15/2012	8/23/2012	\$1,594.46	\$1,161.40	-	-	49884086702 - DRONABINOL	WALGREENS #12923

First Date of Service	Last Date of Service	Payment Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
8/16/2012	8/16/2012	8/23/2012	\$136.03	\$97.38	-	-	00555100916 - CLONIDINE	WALGREENS #12923
8/20/2012	8/20/2012	8/30/2012	\$11.99	\$0.00	-	-	00378267501 - AMITRIPTYLINE HCL	WALGREENS #12923
8/20/2012	8/20/2012	8/30/2012	\$11.99	\$0.00	-	-	00603221521 - AMITRIPTYLINE HCL	WALGREENS #12923
8/21/2012	8/21/2012	8/30/2012	\$11.99	\$1.65	-	-	00378265010 - AMITRIPTYLINE HCL	WALGREENS #12923
8/21/2012	8/21/2012	8/30/2012	\$136.03	\$0.00	-	-	00555100916 - CLONIDINE	WALGREENS #12923
9/1/2012	9/1/2012	9/6/2012	\$2.00	\$2.00	-	-	-	LEE SHARON D
9/1/2012	9/1/2012	9/6/2012	\$14.67	\$14.67	-	-	-	VALUEOPTIONS OF KANSAS INC
9/1/2012	9/1/2012	9/6/2012	\$116.31	\$116.31	-	-	-	KANSAS HEALTH SOLUTIONS
9/20/2012	9/20/2012	10/18/2012	\$21.20	\$21.20	78069 - Other general symptoms	T1017 - TARGETED CASE MANAGEMENT, EACH 15 MINUTE	-	THE WHOLE PERSON INC
9/24/2012	9/24/2012	10/4/2012	\$136.03	\$97.38	-	-	00555100916 - CLONIDINE	WALGREENS #12923

First Date of Service	Last Date of Service	Date of Payment	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
9/24/2012	9/24/2012	10/4/2012	\$1,594.46	\$1,161.40	-	-	48864086702 - DROMABINOL	WAL GREENS #12923
10/1/2012	10/1/2012	10/4/2012	\$4.95	\$4.95	-	-	-	MTM INC
10/1/2012	10/1/2012	10/4/2012	\$116.31	\$116.31	-	-	-	KANSAS HEALTH SOLUTIONS
10/13/2012	10/13/2012	11/1/2012	\$10.00	\$0.00	33721 - Reflex sympathetic dystrophy of the upper limb	36415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
10/13/2012	10/13/2012	11/1/2012	\$25.00	\$0.00	33721 - Reflex sympathetic dystrophy of the upper limb	99000 - HANDLING AND/OR CONVEYANCE OF SPECIMAN F	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
10/13/2012	10/13/2012	11/1/2012	\$30.00	\$4.91	33721 - Reflex sympathetic dystrophy of the upper limb	85651 - RBC SED RATE NONAUTOMATED	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
10/13/2012	10/13/2012	11/1/2012	\$140.00	\$62.22	33721 - Reflex sympathetic dystrophy of the upper limb	99214 - OFFICE/OUTPATIENT VISIT EST	-	SOUTHWEST BOULEVARD FAMILY HEALTH CARE SERVICES OF
10/30/2012	10/30/2012	12/6/2012	\$204.00	\$0.00	3559 - Mononeuritis of unspecified site	99214 - OFFICE/OUTPATIENT VISIT EST	-	RESEARCH NEUROLOGY ASSOCIATES LLC
11/1/2012	11/1/2012	11/8/2012	\$2.00	\$2.00	-	-	-	LEE SHARON D
11/1/2012	11/1/2012	11/8/2012	\$4.95	\$4.95	-	-	-	MTM INC

First Date of Service	Last Date of Service	Payment Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
11/1/2012	11/1/2012	11/8/2012	\$14.67	\$14.67	-	-	-	VALUEOPTIONS OF KANSAS INC
11/1/2012	11/1/2012	11/8/2012	\$18.66	\$0.00	-	-	00591578601 - NORTRIPTYLINE HCL	WALGREENS #12923
11/1/2012	11/1/2012	11/8/2012	\$18.66	\$6.51	-	-	00591578601 - NORTRIPTYLINE HCL	WALGREENS #12923
11/1/2012	11/1/2012	11/8/2012	\$116.31	\$116.31	-	-	-	KANSAS HEALTH SOLUTIONS
11/1/2012	11/1/2012	11/8/2012	\$136.03	\$0.00	-	-	00555100916 - CLONIDINE	WALGREENS #12923
11/1/2012	11/1/2012	11/8/2012	\$136.03	\$67.38	-	-	00555100916 - CLONIDINE	WALGREENS #12923
11/1/2012	11/1/2012	11/8/2012	\$1,064.11	\$774.40	-	-	49884086702 - DRONABINOL	WALGREENS #12923
11/8/2012	11/8/2012	11/22/2012	\$15.60	\$0.00	78079 - Other malaise and fatigue	36415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTU	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$33.00	\$8.16	78650 - Unspecified chest pain	71020 - RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS	-	UNITED IMAGING CONSULTANTS LLC
11/8/2012	11/8/2012	11/22/2012	\$34.73	\$5.50	78079 - Other malaise and fatigue	81001 - URINALYSIS AUTO WISCOPE	-	ST JOHN HOSPITAL

First Date of Service	Last Date of Service	Payment Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
11/8/2012	11/8/2012	11/22/2012	\$70.89	\$11.26	78079 - Other malaise and fatigue	85027 - COMPLETE CBC AUTOMATED	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$71.33	\$10.88	78079 - Other malaise and fatigue	82550 - CREATINE KINASE (CK), (CPK);	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$75.46	\$9.91	78079 - Other malaise and fatigue	83690 - LIPASE	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$707.79	\$16.43	78079 - Other malaise and fatigue	84484 - ASSAY OF TROPONIN QUANT	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$111.39	\$12.83	78079 - Other malaise and fatigue	85379 - FIBRIN DEGRADATION QUANT	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$120.56	\$18.74	78079 - Other malaise and fatigue	82055 - ALCOHOL (ETHANOL);	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$128.47	\$19.28	78079 - Other malaise and fatigue	82553 - CREATINE MB FRACTION	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$151.13	\$0.00	78079 - Other malaise and fatigue	G0434 - DRUG SCREEN MULTI DRUG CLASS	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$324.37	\$15.70	78079 - Other malaise and fatigue	80053 - COMPREHENSIVE METABOLIC PANEL	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$421.01	\$18.35	78079 - Other malaise and fatigue	93005 - ELECTROCARDIOGRAM TRACING	-	ST JOHN HOSPITAL

First Date of Service	Last Date of Service	Payment Date	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
11/8/2012	11/8/2012	11/22/2012	\$576.83	\$24.05	78079 - Other malaise and fatigue	71020 - RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS	-	ST JOHN HOSPITAL
11/8/2012	11/8/2012	11/22/2012	\$872.22	\$16.58	78079 - Other malaise and fatigue	99281 - EMERGENCY DEPARTMENT VISIT FOR THE EVALU	-	ST JOHN HOSPITAL
11/9/2012	11/9/2012	11/22/2012	\$221.70	\$0.00	78650 - Unspecified chest pain	Q9957 - LOCM 300-399MG/ML IODINE, 1ML	-	ST JOHN HOSPITAL
11/9/2012	11/9/2012	11/22/2012	\$275.00	\$79.89	78650 - Unspecified chest pain	71275 - CT ANGIOGRAPHY CHEST	-	UNITED IMAGING CONSULTANTS LLC
11/9/2012	11/9/2012	11/22/2012	\$3,351.53	\$214.43	78650 - Unspecified chest pain	71275 - CT ANGIOGRAPHY CHEST	-	ST JOHN HOSPITAL
11/26/2012	11/26/2012	12/6/2012	\$11.99	\$0.00	-	-	00378265001 - AMITRIPTYLINE HCL	CVS PHARMACY 05268
11/26/2012	11/26/2012	12/6/2012	\$11.99	\$0.00	-	-	00378267501 - AMITRIPTYLINE HCL	CVS PHARMACY 05268
11/26/2012	11/26/2012	12/6/2012	\$11.99	\$5.02	-	-	00093081001 - NORTRIPTYLINE HCL	CVS PHARMACY 05268
11/26/2012	11/26/2012	12/6/2012	\$129.99	\$97.38	-	-	00555100916 - CLONIDINE	CVS PHARMACY 05268
11/26/2012	11/26/2012	12/6/2012	\$132.99	\$0.00	-	-	3172022301 - GABAPENTIN	CVS PHARMACY 05268

First Date of Service	Last Date of Service	Date of Payment	Billed Amt.	Paid Amt.	Diagnosis Code	Procedure Code Desc	NDC Description	Billing Name
12/1/2012	12/1/2012	12/6/2012	\$2.00	\$2.00	-	-	-	ASSOCIATES IN FAMILY HLTHCARE
12/1/2012	12/1/2012	12/6/2012	\$14.67	\$14.67	-	-	-	VALUEOPTIONS OF KANSAS INC
12/1/2012	12/1/2012	12/6/2012	\$116.31	\$116.31	-	-	-	KANSAS HEALTH SOLUTIONS
Sum:			\$33,681.03	\$7,896.57				

SW Blvd Family Health Care
340 SW Blvd
Kansas City, KS-661032150
Tel: 913-722-3100 Fax: 913-722-2542

These charges are stated at full price and may not include all charges for today. These will be calculated according to your sliding scale. You may receive an adjusted statement. All payments made today will be applied to your balance.

RECEIPT OF PAYMENT

Date: 10/13/2012

Received From: Words, Opal R

Amount: 2.00 Payment Type: Cash Payment Id: 19610

Charges Detail

Date	Code Description	Units	Fee	Payment
10/13/2012	80053 COMPREHENSIVE METABOLIC PANEL	1.00	45.00	
10/13/2012	85651 RBC SED RATE, NONAUTOMATED	1.00	30.00	
10/13/2012	85025 COMPLETE CBC W/AUTO DIFF WBC	1.00	40.00	
10/13/2012	Patient Payment			2.00
	Totals		115.00	2.00

Account Balance Summary

Total Balance:	12.00
Patient Balance:	12.00
Insurance Balance:	0.00

APPOINTMENT CARD

Patient Name: Words, Opal R

**Words, Opal R**

53 Y old Female, DOB: 03/27/1958
PO Box 270714, Kansas City, MO, US 64127
Home: 816-423-0279
Provider: Lee, Sharon D

Telephone Encounter**Answered by** Terry, Kathleen**Date:** 02/27/2012
Time: 10:09 AM**Caller** pharm**Reason** rx refill pt. p/u**Action Taken** Terry, Kathleen , RN 02/27/2012 10:09:23 AM > Dronabinol rx to Dr Lee's action stack for sig/PO. thanks. McQuitty, Rachel 02/27/2012 01:51:00 PM > called pt. for p/u McQuitty, Rachel 02/28/2012 01:28:08 PM > pt. p/u**Refills** Refill Marinol Capsule, 5 MG, Orally, 90, 1 cap before meals, Every 6-8 hours as needed, 30 days, Refills=1**Patient:** Words, Opal R **DOB:** 03/27/1958 **Provider:** Lee, Sharon D **02/27/2012***Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)*



Words, Opal R

52 Y old Female. DOB: 03/27/1958
2912 Ralph Bunch Dr Appt 3, Leavenworth, KS-66048

Home: 913-314-3571

Guarantor: Words, Opal R Insurance: MEDICAID OF KANSAS Payer ID: 00034
Appointment Facility: Quindaro Family Health Care

03/23/2011

Progress Notes: Sharon D Lee, MD

Current MedicationsHydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed for pain every 6 hrs
Neurontin 400 MG Capsule 1 capsule Three times a day
Amitriptyline HCl 50 MG Tablet 1 tablet at bedtime Once a day**Reason for Appointment**

1. RSB

Electronically signed by Sharon Lee, MD on 12/03/2012 at 03:24 PM CST

Sign off status: Pending

Quindaro Family Health Care
530 Quindaro Blvd
Kansas City, KS 66101-1458
Tel: 913-722-3100
Fax: 913-722-2542

Patient: Words, Opal R DOB: 03/27/1958 Progress Note: Sharon D Lee, MD 03/23/2011

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

*Not used to
Treat RSD.*

KATIE ZERBE, pharmD

Katie L. Zerbe is the Head Pharmacist at Walgreens, Store location: 2900 s. 4th st. Leavenworth, K.S. Leavenworth County Zip-code: 66048. Katie had filled three prescriptions of Marinol at three pills, three times a day consisting of 2.5 mg capsules. This caused an overdose which resulted in a 1.62 blood clot found by D/Dimer.

The three prescriptions that Katie filled were dated at July, August, and September of 2012. She was also negligent in acknowledging the increase in medication dosage.


Due to her negligence, I have endured past and future pain and suffering, mental anguish, and a violation of my Civil Rights.

I, Opal Words, am requesting that the court grant me \$500,000 due to her negligence.

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location

2900 S 4th St
Leavenworth, KS 66048
(913)651-2027

PATIENT	OPAL WORDS	DOCTOR	S. LEE, MD	DRUG DESCRIPTION
BIRTH DATE	03/27/58			
MEDICATION	DRONABINOL 2.5MG CAPSULES	PATIENT		
QUANTITY	270	ALLERGIES		
DIRECTIONS TAKE 3 CAPSULES BY MOUTH THREE TIMES DAILY				
				BEIGE FRONT: PAR 867

INGREDIENT NAME: DRONABINOL
(droe-NAB-i-nol)

COMMON USES: This medicine is a cannabinoid used to treat nausea and vomiting. It is also used to increase appetite in patients with severe weight loss. It may also be used to treat other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions or allergies.

HOW TO USE THIS MEDICINE: Follow the directions for using this medicine provided by your doctor. SWALLOW WHOLE. Do not break, crush, or chew before swallowing. KEEP THIS MEDICINE in a sealed container in the refrigerator. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS: DO NOT EXCEED THE RECOMMENDED dose or take this medicine for longer than prescribed without checking with your doctor. Exceeding the recommended dose may be habit-forming. THIS MEDICINE MAY CAUSE drowsiness or dizziness. If dizziness occurs, rise slowly when sitting up or standing. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. Ask your doctor or pharmacist if you have questions about which medicines can cause drowsiness or dizziness. **FOR WOMEN:** IF YOU PLAN ON BECOMING PREGNANT, discuss with

your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. DO NOT BREAST-FEED while taking this medicine.

POSSIBLE SIDE EFFECTS: SIDE EFFECTS, that may go away during treatment, include drowsiness, dizziness, anxiety, difficulty concentrating, clumsiness, changes in mood, changes in behavior, difficulty with memory, muscle weakness, or nausea. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, fast heart rate, or irregular heartbeat. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

OVERDOSE: If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include drowsiness, dry mouth, fast heartbeat, mood changes, slurred speech, loss of coordination, and lightheadedness.

ADDITIONAL INFORMATION: DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

OPAL WORDS

P.O. Box 370711, Leavenworth, Kansas City, MO 64137

RX # 0184889-12923

DATE: 07/16/12

DRONABINOL 2.5MG CAPSULES

QTY: 270 NO REFILLS - DR. AUTH REQUIRED

Copy NDC: 49884-0867-02

Retail Price: \$1619.89 Your Insurance Saved You: \$1618.89

\$ 3.00

S. LEE, MD

PLAIN, KANPA

MFG: PAR

KLZ DRT KLZ KLH

CLAIM REF# 2512198000697

OPAL WORDS

P.O. Box 370711, Leavenworth, Kansas City, MO 64137

RX # 0184889-12923

DATE: 07/16/12

DRONABINOL 2.5MG CAPSULES

QTY: 270 NO REFILLS - DR. AUTH REQUIRED

Copy NDC: 49884-0867-02

Retail Price: \$1619.89 Your Insurance Saved You: \$1618.89

\$ 3.00

S. LEE, MD

PLAIN, KANPA

MFG: PAR

KLZ DRT KLZ KLH

CLAIM REF# 2512198000697

Walgreens

PH: (913)651-2027

Customer Receipt

Walgreens

PH: (913)651-2027

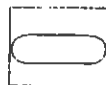
Duplicate Receipt

Pharmacy use only

MON 9:32AM
Copy

DRONABINOL 2.5MG CAPSULES
49884-0867-02
REFRIG

QTY 270



BEIGE
FRONT: PAR 867

KLZ DRT KLZ KLH

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

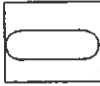
Do not flush unused medications or pour down a sink or drain.

WIC# 987916

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location

2900 S 4th St
Leavenworth, KS 66048
(913)651-2027

PATIENT	OPAL WORDS	DOCTOR	DR S. LEE	DRUG DESCRIPTION
BIRTH DATE	03/27/58			
MEDICATION	DRONABINOL 2.5MG CAPSULES	PATIENT ALLERGIES		
QUANTITY	270			
DIRECTIONS	TAKE 3 CAPSULES BY MOUTH THREE TIMES DAILY			
				BEIGE FRONT: PAR 867

INGREDIENT NAME: DRONABINOL
(droe-NAB-i-nol)

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KEEP OUT OF REACH OF CHILDREN; STORE IN SAFETY CONTAINER OR SECURE AREA.

OPAL WORDS

2912 12th St, Leavenworth, KS 66048

(913)651-2027

RX # 0189486-12923

DATE: 08/15/12

DRONABINOL 2.5MG CAPSULES

QTY: 270 1 REFILL BEFORE 02/04/13

Copy NDC: 49884-0867-02

Retail Price: \$1619.89 Your Insurance Saved You: \$1616.89

\$3.00

DR S. LEE PLAIN, KANSA

MFG: PAR

NRM/DRT/ORT: DRT CLAIM REF# 2512228001683

OPAL WORDS

2912 12th St, Leavenworth, KS 66048

(913)651-2027

RX # 0189486-12923

DATE: 08/15/12

DRONABINOL 2.5MG CAPSULES

QTY: 270 1 REFILL BEFORE 02/04/13

Copy NDC: 49884-0867-02

Retail Price: \$1619.89 Your Insurance Saved You: \$1616.89

\$3.00

DR S. LEE PLAIN, KANSA

MFG: PAR

NRM/DRT/ORT: DRT CLAIM REF# 2512228001683

Walgreens

2912 12th St, Leavenworth, KS 66048
PH: (913)651-2027

Customer
Receipt

Walgreens

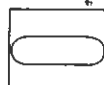
2912 12th St, Leavenworth, KS 66048
PH: (913)651-2027

Duplicate
Receipt

Pharmacy use only

DRONABINOL 2.5MG CAPSULES
49884-0867-02
REFRIG

QTY 270



BEIGE
FRONT: PAR 867

NRM/DRT/ORT: DRT

MON 5:01PM
Copy

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

WIC# 957910

YOUR PERSONAL PRESCRIPTION INFORMATION

Your Walgreens Pharmacy Location
2900 S 4th St
Leavenworth, KS 66048
(913)651-2027

PATIENT OPAL WORDS DOCTOR DR S. LEE DRUG DESCRIPTION
BIRTH DATE 03/27/58
MEDICATION DRONABINOL 2.5MG CAPSULES
QUANTITY 270 PATIENT ALLERGIES
DIRECTIONS TAKE 3 CAPSULES BY MOUTH THREE TIMES DAILY
BEIGE
FRONT: PAR 867

INGREDIENT NAME: DRONABINOL
(droe-NAB-i-nol)

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KEEP OUT OF REACH OF CHILDREN; STORE IN SAFETY CONTAINER OR SECURE AREA.

OPAL WORDS

2912 Rd Apt #3, Leavenworth, KS 66048
(913)651-2027

RX # 0189486-12923

DATE: 09/24/12

DRONABINOL 2.5MG CAPSULES

QTY: 270 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 49884-0867-02

Retail Price: \$1619.89 Your Insurance Saved You: \$1616.89

\$3.00

DR S. LEE

PLAT: KANPA

MFG: PAR

TMN/IBG/IBG/IBG

CLAIM REF# 2512268001422

Walgreens

2900 S 4TH ST LEAVENWORTH, KS 66048
PH: (913)651-2027

Customer
Receipt

Pharmacy use only

MON 10:25AM
Refill

DRONABINOL 2.5MG CAPSULES
49884-0867-02
REFRIG

QTY 270

OPAL WORDS

2912 Rd Apt #3, Leavenworth, KS 66048
(913)651-2027

RX # 0189486-12923

DATE: 09/24/12

DRONABINOL 2.5MG CAPSULES

QTY: 270 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 49884-0867-02

Retail Price: \$1619.89 Your Insurance Saved You: \$1616.89

\$3.00

DR S. LEE

PLAT: KANPA

MFG: PAR

TMN/IBG/IBG/IBG

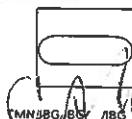
CLAIM REF# 2512268001422

Walgreens

2900 S 4TH ST LEAVENWORTH, KS 66048
PH: (913)651-2027

Duplicate
Receipt

BEIGE
FRONT: PAR 867



Do not flush unused medications or pour down a sink or drain.

WIC# 967910